

**Including the rights of persons with disabilities
in United Nations programming at country level**

A Guidance Note

**for United Nations Country Teams
and Implementing Partners**

Appendices and Toolkit

**United Nations Development Group /
Inter-Agency Support Group for the CRPD
Task Team
(UNDG/IASG/TT)**

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Appendix 1: Persons with Disabilities and Development

As noted in the Section 1 of the Guidance Note, persons with disabilities, who make up an estimated 7-10% of the world's population (WHO estimate), are disproportionately excluded from participating in and benefiting from development, are at high risk of living in poverty and of having their human rights unfulfilled. Disability is both a cause and consequence of poverty: poor people are more likely to have disabilities, and people with disabilities are more likely to be poor.

Research illustrates that:

- In Uganda, households headed by disabled persons are 38 per cent more likely to be poor than their nondisabled counterparts; in Georgia, that figure is 30 per cent;
- In Guyana, the unemployment rate for adults with disabilities is 67 per cent;
- In Serbia, 70 per cent of people with disabilities are poor and only 13 per cent have access to employment;
- In Sri Lanka, 90 percent of people with disabilities are poor and unemployed;
- In the United States, 51 percent of people in long term poverty have a disability;
- In India, people with disabilities are more likely to be poor, hold fewer assets, and incur greater debts.¹
- In Brazil, Chile, India and Zimbabwe, national surveys have shown that mental health conditions are twice as frequent among the lowest income groups compared with the highest.²
- Mental health conditions are associated with the highest rates of unemployment: commonly between 70% and 90%.³
- In Malawi and the United Republic of Tanzania, having disabilities doubles the probability of children never having attended school. In Bulgaria and Romania, net enrollment rates for children aged 7 to 15 were over 90% but only 58% for children with disabilities. There are often marked variations according to impairment. In Burkina Faso, for example, just 10% of children with a hearing or speech impairment were in school in 2006, compared to slightly over 40% for non-disabled children⁴

The UN Convention on the Rights of Persons with Disabilities (CRPD) recognizes the importance of international cooperation, including international development cooperation programmes, and its promotion for the realization of the rights of persons with disabilities and their full inclusion into all aspects of life (Article 32). The CRPD stipulates that international cooperation measures should be:

- inclusive of and accessible to persons with disabilities;
- facilitate and support capacity-building, including through the exchange and sharing of information, experiences, training programmes and good practices;
- facilitate cooperation in research and access to scientific and technical knowledge; and

¹ World Bank (2007) *Social Analysis and Disability: A Guidance Note*. Washington D.C.: World Bank.

² Patel V et al. Women, poverty and common mental disorders in four restructuring societies. *Social Science & Medicine*, 1999, 49:1461-1471.

³ Harnois G, Gabriel P. *Mental health and work: impact issues and good practices*. Geneva, World Health Organization and International Labour Organization, 2000

(http://whqlibdoc.who.int/hq/2000/WHO_MSD_MPS_00.2.pdf , accessed 29 December 2009).

⁴ UNESCO, 2010 *Reaching the marginalized, Education for All Global Monitoring Report*, Oxford University Press

- provide technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

Inclusion of persons with disabilities in development programming makes sense also from a purely economic perspective. There is a vicious cycle between poverty and disability, at the individual, family and community level. These costs to society do not result from the disability in itself; rather, they are the result of barriers that exclude persons with disabilities, from education or from work by way of example, and make them dependent instead of independent. The short-term costs of education and inclusion of persons with disabilities should therefore be estimated against long-term savings to families and societies.

Social welfare-oriented legal and policy responses to persons with disabilities have been shaped by an understanding of 'disability' which has become known as the 'medical' or 'individual' model. In this perspective, people with physical, sensory or mental impairments that cause some loss of function are prevented or 'disabled' from leading normal lives. Disability is seen as a problem located within the individual. Unless that individual can be cured or somehow rehabilitated, they will not be able to participate in the life of mainstream society. It is they that must change or be changed in order to fit within a society designed for people without disabilities. Consequently, in many countries a separate or parallel track was established for people with disabilities who were thereby segregated from the mainstream of society. At its most extreme, this parallel track would result in persons with disabilities living in institutions that have been specially adapted for their needs. The distress and humiliation associated with such enforced segregation is sometimes intensified by neglect and a disturbing lack of care.

A further example of the segregating effect of this parallel track for people with disabilities is special education. Many countries have invested in the provision of schools in which the teaching and the extra-curricular activities are organized specifically to cater for the needs of children with particular impairments. While these schools may enable children with disabilities to attain a standard of education higher than that which they would have attained in a mainstream school not adapted to meet their needs, academic achievement is often not given a high priority.

This type of segregation has also been evident in the employment field. Policies have frequently been developed on the assumption that persons with disabilities are not capable of working in mainstream environments and should therefore be catered for through sheltered employment schemes or other segregated arrangements. People with disabilities, if fortunate enough to secure employment at all, would generally find themselves in positions with very low wages and poor opportunities for career advancement.

Given the historical pattern of exclusion and segregation that they have experienced in the past and continue to experience to this day, people with disabilities and their representative organizations will require capacity building to enable them to take part effectively in development processes.

Linked to their role in promoting inclusion of persons with disabilities in development, this guidance note may encourage UNCTs to think about ways to facilitate the access of persons with disabilities to programmes, services and opportunities at every sector of society, as this is both a means and a goal in terms their advancement. The promotion of accessibility has been one of the major policy goals to address the barriers faced by persons with disabilities in a country context.

Accessibility

The principle of accessibility aims to dismantle the barriers that hinder the enjoyment of rights by persons with disabilities. The issue concerns not just physical access to places, but also access to information, technologies, such as the Internet, communication, and economic and social life. The provision of ramps, sufficiently large and unblocked corridors and doors, the placement of door handles, the availability of information in Braille and easy-to-read formats, the use of sign interpretation/interpreters, and the availability of assistance and support can ensure that a person with a disability has access to a workplace, a place of entertainment, a voting booth, transport, a court of law, etc. Without access to information or the ability to move freely, other rights of persons with disabilities are also restricted.

Appendix 2: International standards and high-level initiatives concerning persons with disabilities 1955 – 2006

Complementing the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child, the following texts and international events specifically address the rights of persons with disabilities.

1955	ILO Recommendation concerning Vocational Rehabilitation of the Disabled (No 99), 1955 (http://www.ilo.org/ilolex/english/recdisp1.htm) served for almost 30 years as the basis for national legislation and practice concerning vocational guidance, vocational training and placement of persons with disabilities
1971	Declaration on the Rights of Mentally Retarded Persons stipulates that a person with an intellectual impairment is accorded the same rights as any other person
1975	Declaration on the Rights of Disabled Persons proclaims the equal civil and political rights of all disabled persons, and sets standards for equal treatment and access to services
1981	International Year of Disabled Persons (United Nations)
1982	World Programme of Action concerning Disabled Persons (http://www.un.org/disabilities/default.asp?id=23)
1983-1992	International Decade of Disabled Persons (United Nations)
1983	Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159) . Adopted by the International Labour Organization in 1983, this convention, based on the principles of equal opportunity, equal treatment of women and men, and mainstreaming where possible, is now ratified by 81 countries. (http://www.ilo.org/ilolex/english/convdisp1.htm) It is accompanied by Recommendation No. 168, providing guidance on its implementation (http://www.ilo.org/ilolex/english/recdisp1.htm).
1990	World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs adopted at the World Conference on Education for All, in Jomtien, Thailand in March 1990, promotes “equal access to education to every category of disabled persons as an integral part of the education system”
1992	Council of Europe Coherent Policy for the Rehabilitation of Persons with Disabilities
1993	United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities provide detailed guidelines for policy development and implementation http://www.un.org/disabilities/default.asp?id=26
1993-2002 2003 - 2012	Asian and Pacific Decade of Disabled Persons
1994	Salamanca Statement and the Framework for Action on Special Needs Education . Adopted by the UNESCO World Conference on Special Needs Education: Access and Quality, Salamanca, Spain, 7-10 June 199. Adopted by 92 governments and over 25

	international organization, putting the principle of inclusion on the educational agenda worldwide
1995	World Summit for Social Development, Copenhagen Declaration and Programme of Action calls upon governments to ensure equal educational opportunities at all levels for disabled children, youth and adults, in integrated settings
1998	Human Rights of Persons with Disabilities, Commission on Human Rights Resolution 1998/31
1999	Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities
2000	World Education Forum, Dakar, Statement and Framework for Action established attainable and affordable educational goals, including the goals of ensuring that by 2015 all children of primary age have better access to complete free schooling of an acceptable quality, that gender disparities in schooling are eliminated and that all aspects of educational quality are improved
2000	Human Rights of Persons with Disabilities, Commission on Human Rights Resolution 2000/51
2001-2009, 2010 - 2019	African Decade of Disabled Persons
2002	UN General Assembly Resolution on The Rights of the Child , following the World Summit on Children, calls upon States to take all necessary measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms by children with disabilities, and to develop and enforce legislation against their discrimination, so as to ensure dignity, promote self-reliance and facilitate the child
2002	‘ A World Fit for Children ’, outcome document of the UN General Assembly Special Session on Children makes clear reference to the rights of children with disabilities, especially regarding protection from discrimination, full access to services, and access to proper treatment and care, as well as the promotion of family – based care and appropriate support systems for families
2003	European Year of People with Disabilities
2004-2013	Arab Decade of Disabled Persons
2006	UN Convention on the Rights of Persons with Disabilities
2006-2016	Inter-American Decade of Disabled Persons
2009	General Assembly resolution 63/150 of February 2009 : Realizing the Millennium Development Goals for Persons with Disabilities (A/RES/64/131)

In addition to these initiatives, the following international initiatives make explicit reference to persons with disabilities.

- ILO Employment (Transition from War to Peace) Recommendation No. 71 1944
- ILO Social Security Convention 1952
- European Social Charter 1961
- ILO Human Resources Development Convention (No 142) and Recommendation 150, 1975
- African Charter on Human and Peoples' Rights 1981
- Additional Protocol on the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights 1988
- UN Convention on the Rights of the Child 1989
- Vienna Declaration and Programme of Action, World Conference on Human Rights 1993
- The Copenhagen Declaration and Programme of Action, World Summit for Social Development, 1995
- The International Conference on Population and Development and its Programme of Action, 1994
- The Beijing Platform for Action, Fourth World Conference on Women, 1995
- EU initiatives
 - Treaty of Amsterdam 1997
 - EU Charter of Fundamental Rights 2000
 - EU Directive on Discrimination 2000

Appendix 3: Strategies for promoting the inclusion of persons with disabilities

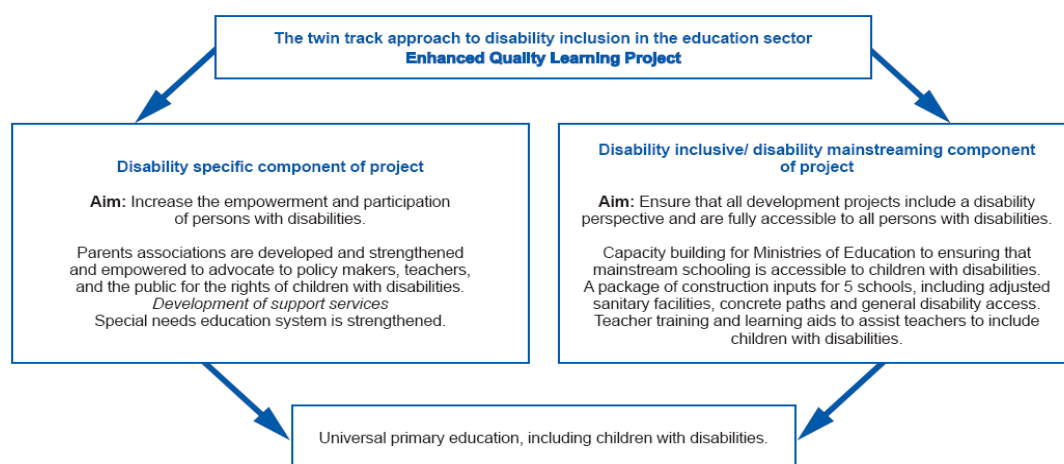
Using a typical CCA/UNDAF programming cycle as its basis, this Section provides guidance as to how disability issues can be mainstreamed through the CCA/UNDAF programme cycle. As the CCA/UNDAF Guidelines note, capacity development is the central thrust and main purpose of UNCT cooperation, and is therefore a central focus of this Section.

Twin track approach to disability

The UNCT can make use of different methodologies to ensure that the issues concerning persons with disabilities are addressed by the UN system at country level. The use of a “twin track approach” is particularly important, that consists of both, namely: (i) mainstreaming disability throughout United Nations’ operational activities for development and (ii) providing disability-specific programming in cases where particular supports are required. The balance between mainstreaming strategies and targeted disability-specific approaches will be determined in full consultation with the programme countries and in alignment with national development priorities. Both approaches should be discussed during the CCA/UNDAF process. However, all interventions should be guided by the overall goal of integrating and including persons with disabilities in all aspects of development programming.

⇒ Figure A3.1 demonstrates what the dual focus on mainstreaming and targeted action means in practice in the education sector.

Figure A3.1: Example of mainstreaming and targeted action in the education sector⁵



For an overview of how well UNCTs have done on mainstreaming disability issues to date, see Box A3.1 overleaf, which indicates that they are some distance from providing adequate capacity development

⁵ Enhanced Quality Learning Project implemented by International Aid Services (IAS) in Somaliland and Puntland, described in [Making Development Inclusive](#). CBM and International Disability and Development Consortium.

support to government and other counterparts so that they can meet their requirements under the CRPD.

Box A3.1: The twin track approach in CCA/UNDAFs

A review of CCA/UNDAFs from 2005-2010 undertaken by the Inter-Agency Support Group for the CRPD Task Team suggests that about one in ten UNDAFs include stand alone references to persons with disabilities as part of UNDAF results statements or indicators. This can be viewed as a positive base on which to build strengthened mainstreaming. Further, about 50 per cent of UNDAFs for this period include references to persons with disabilities as part of a list of “vulnerable” groups, such as women, children, minorities etc. About one third of UNDAFs for this period contained no reference to disability.

Source: DESA, Internal Review 2009 (unpublished)

Mainstreaming is first of all about country-specific engagement and partnership. If progress is to be made in including persons with disabilities in all sectors of society, this must involve beyond the ministry with responsibility for disability issues, and extend to all government ministries. All these Government entities need to recognize the importance of disability in poverty reduction and in reaching Internationally Agreed Goals, and the human rights principles and standards included, among others, in the Convention on the Rights of Persons with Disabilities. UNDAF is only a means to achieve this wider objective.

Mainstreaming also implies that UNCT and partners understand how persons with disabilities participate and enjoy development, and the critical challenges they face in all areas of their lives.

‘Mainstreaming is about disabled people participating at all levels of society according to his/her choice without facing any barrier. Disabled people will live with dignity in the society where there would be no obstacle, and walls for inclusion and... will be able to establish/enjoy their rights and give their opinions.’
DPOs in Bangladesh at workshop on mainstreaming.⁶

Mainstreaming disability in the development agenda is a strategy for achieving equality for persons with disabilities.⁷ The [UN Common Learning Package on a HRBA](#) makes reference to established methodologies for human rights mainstreaming. For development practitioners, Programming is the process through which development interventions produce necessary change to achieve development goals. As explained in the [Common Understanding](#), a HRBA to programming means using human rights principles and standards as key guidance in all sectors and phases of the programming process.

Mainstreaming is not a one-size fits all set of results or activities. It will always be country-specific, depending on the challenges facing each country, and the capacities of partners and the UNCT. It does not necessarily mean a specific disability UNDAF outcome.

Mainstreaming the human rights of Persons with disabilities in the UNDAF process can also contribute to development effectiveness. By helping stakeholders to focus on reducing disparities and enhancing equality and non-discrimination factors, which often underlie development problems, including for persons with disabilities. It helps to direct UN capacity-development efforts to better respond to supporting Governments in meeting the obligations under international treaties they voluntarily ratified

⁶ Bill Albert, Andrew K. Dube, Mosharraf Hossain, Rachel Hurst, *Research gap analysis report for DFID* (June 2005).

⁷ ECOSOC (2008) *Mainstreaming disability in the development agenda*, Note by the Secretariat, E/CN.5/2008/6.

and accepted, putting people at the centre of the national development debate. Mainstreaming can also help achieving more sustainable development outcomes.

Strategies for mainstreaming

Given the wide scope of contexts, actors and activities required to fully mainstream disability issues in the development agenda, it may be helpful to consider the process in the light of the “no-gap policy”. The no-gap policy is a concept which illustrates that no entity, whether it be part of the UN system, a Government ministry or a non-governmental organization, can achieve the goal of equality for persons with disabilities on its own. Rather, an inter-connected network of actors is required to reach this goal.⁸

There is extensive experience on gender mainstreaming and why this has or has not worked.⁹

From a political angle mainstreaming is known to work where there is senior manager support, adequate resources devoted, and strong institutional mechanisms in place that support mainstreaming. Conversely when these factors are not present mainstreaming is likely to be weak.

Both HIV/AIDS and gender mainstreaming experience reveals the importance of developing plans and concrete, measurable actions within specific sectors and contexts. Achieving mainstreaming requires measurable concrete steps taken by individuals such as Government ministers, departmental heads, directors of organizations, and team leaders. For this to happen, disability issues need to be incorporated into organizational policy and practice in the form of job descriptions, mission and vision statements, and budget allocations.

⇒ Box A3.2 provides further lessons on mainstreaming from the gender equality experience that are applicable to mainstreaming of disability issues.

Box A3.2: Lessons from gender mainstreaming

The basic principles of mainstreaming efforts include the following:

- (a) Responsibility for implementing the mainstreaming strategy is system-wide, and rests at the highest levels within agencies;
- (b) Adequate accountability mechanisms for monitoring progress need to be established; which includes both setting up gender-based indicators and gender budgeting
- (c) Initial identification of issues and problems across all areas of activity should be such that differences and disparities between persons with and without disabilities can be diagnosed;
- (d) Clear political will and allocation of adequate resources for mainstreaming — including additional financial and human resources, if necessary — are important for translation of the concept into practice;
- (e) Disability mainstreaming requires that in “process” efforts be made to broaden the equitable participation of persons with disabilities at all levels of decision-making;
- (f) Mainstreaming does not replace the need for targeted, disability-specific policies and programmes, and positive legislation; nor does it do away with the need for disability units or focal points.

⁸ This section draws on ECOSOC (2008) *Mainstreaming disability in the development agenda*, Note by the Secretariat, E/CN.5/2008/6.

⁹ There is a useful summary of this in a publication by NORAD at <http://www.norad.no/en/Tools+and+publications/Publications/Publication+Page?key=109584>

Source: As described by the Division for the Advancement of Women of the Department of Economic and Social Affairs, and adapted here for disability¹⁰

As mentioned earlier, “mainstreaming” is however not the only approach to address the rights of persons with disabilities. In the UNDAF context, it can however help articulate how to include people with disabilities in the planning process.¹¹

Another approach consists in undertaking disability-specific programming, in cases where particular support is required, for replicability purposes, or when the mainstreaming approach would not be useful. There are a number of examples of stand-alone projects on disability issues, which are taking place in many countries, as illustrated in Box 8.

Box A3.3: Examples of support programmes and projects

In Croatia, activities related to persons with disabilities are being undertaken in Croatia since 2007 within a UNDP project entitled “The Right to Live in the Community – Social Inclusion of Persons with Disabilities”. The project has the following components: Development of and support to specialised foster care for children with intellectual disabilities; Development and implementation of the model of educational inclusion; Improving employability and employment opportunities for persons with disabilities in the private/public sector; Legislation review; Increasing sensitivity for diversity; De-institutionalisation.

In Belize, UNFPA supports programmes aimed at providing sexual and reproductive health education for adolescents and adults with disabilities. Activities include training facilitators, conducting countrywide sexual and reproductive health sessions with adolescents and adults with disabilities, and conducting the “Knowledge, Attitudes, Behaviour and Practices” survey in the area of sexual and reproductive health, including HIV and AIDS, and among persons with disabilities.

In China, UNICEF has several activities under the Child Protection programme related to children with disabilities. The UNICEF project on children with disabilities focuses on 3 main areas of intervention: development and strengthening of policies and legislation related to children with disabilities in line with the international legal framework on disability and improved access to family and community-based services for children with disabilities and their families; national/ local communication campaigns for the promotion of the rights of children with disabilities and a barrier-free non-discriminative environment, empowerment and equal opportunities for children with disabilities in China; Strengthening of data collection and monitoring on the situation of children with disabilities in China.

In Kosovo, UNICEF addressed the issue of disability mainly through different projects within education programme. Most of the projects /activities’ approach has been on inclusiveness of children with special needs in the education system, and acceptance of community. The interventions target policy development, capacity building of central local authorities, school and community.

In Vietnam, UNICEF initiated a cross-sectoral programme on children with disabilities. The objective is to

¹⁰ <http://www2.ilo.org/public/english/bureau/gender/newsite2002/about/defin.htm>, quoted in ECOSOC (2008) *Mainstreaming disability in the development agenda*, Note by the Secretariat, E/CN.5/2008/6.

¹¹ It might be beneficial for UNCTs to look at AusAid’s new strategy on disability “Development for All – Towards a disability inclusive Australian aid program 2009-2014” for other ideas:

http://www.ausaid.gov.au/publications/pubout.cfm?ID=8131_1629_9578_8310_297&Type

In its development there were also extensive consultations with different organizations, who, for example, challenged the idea of “mainstreaming”, which as a result is not referred to in AusAid policy. There is a complementary book detailing these consultations.

strengthen policies and legislation, and ensure accessibility of quality services for children with disabilities and their families. Interventions are planned at national and sub-national levels, and cover all UNICEF programme areas, including protection, education, health and nutrition, policy and planning, water and sanitation, with five components: Knowledge base; Advocacy and communications; Law, policy and standards; Capacity building; and Community-based interventions.

In China, Ethiopia, United Republic of Tanzania, Uganda, Viet Nam and Zambia, the ILO supports the review and reform of disability-related training and employment laws and policies, and their effective implementation. Governments, social partners and organizations of persons with disabilities are involved in activities and events linked to the review or development of disability laws and policies. Collaboration takes place with national training agencies, employment services and university law faculties to ensure a commitment to catering to persons with disabilities and to including a disability perspective in their programmes and services and curricula.

Four main areas for mainstreaming

Following the CCA/UNFAF Guidelines, there are four main areas for mainstreaming, each of them with some entry points and related actions that will enable UNCTs and country partners to better mainstream disability concerns during country analysis, preparation and implementation of the UNDAF are:

- ❖ Roadmap, issues of participation and representativeness, access to information
- ❖ Country Analysis (analysis preceding UNDAF development)
- ❖ Strategic Planning (development of the UNDAF and its results matrix)
- ❖ Monitoring & Evaluation.

While these steps are mandatory in the UNDAF Guidelines, UNCTs can undertake each of them in a flexible manner, in response to the national context. The same applies for disability issues.

These four main areas are explained in detail in Section 3 of the Guidance Note.

Toolkit

Tool 1: A disability-sensitive and -inclusive CCA process

Tool 2: Glossary of terms and concepts

Tool 3: The obligations to respect, protect and fulfil the rights of persons with disabilities

Tool 4: Examples of indicators

Tool 5 International Classification of Functioning, Disability and Health

Tool 6: Disability and MDGs

Tool 7: Disability and Poverty

Tool 8: Selected References

Tool 9: Convention on the Rights of Persons with Disabilities

Tool 10: Optional Protocol to the Convention on the Rights of Persons with Disabilities

Tool 1: A disability-sensitive and -inclusive CCA process

The structure and content of the CCA document, as well as the steps for preparation can facilitate a disability-sensitive process. This tool, inspired from the UNDAF Technical Guidelines, shows where disability issues or Persons with disabilities can be considered when preparing a Common Country Assessment.

Several figures have been added to illustrate how the Human Rights-based Approach feeds into the CCA steps, which can all be used to make the CCA more disability-sensitive.

1. Structure and content of the CCA document

Section 1: Introduction: The introduction explains how the CCA will add value to country analytic work and to the national development framework.

Section 2: The Analysis: This section contains a focused analysis of the national development situation. Major problems or challenges are analyzed to identify trends, disparities and the most affected population groups, including persons with disabilities. It will highlight progress made towards national priorities, with a clear focus on the MD/MDGs and other internationally agreed development goals and treaty obligations, such as those under the CRPD. It uses a HRBA and mainstream gender equality concerns to:

- Identify priority development problems and state them as interrelated, and unfulfilled, human rights;
- Provide a greater understanding of their causes; and
- Identify the individuals and groups in society who are obligated to take action, and the capacities they need to be able to take action.

In line with the principles of UNCT cooperation, the analytical process encourages government ownership and leadership, and it involves non-government stakeholders, and ensure the active and meaningful participation of groups subject to discrimination, including persons with disabilities.

The [Common Learning Package on HRBA](#) (2007) entitled “UN Common Learning Draft Resource Guide” is available at the UNDG website. The CCA largely follows Part IV of the draft package which contains detailed information about the steps involved in conducting human rights based analysis at country level.

a) Gather information: A HRBA depends on the quality of information available. The information covers the civil, cultural, economic, political and social context that will lead to the identification of the main development and human rights challenges in the country, their severity, the most affected and where they live, including Persons with disabilities. Development of an indicator framework may help to establish a baseline and identify trends,

data gaps, and also constraints in the capacity of national statistical systems. The information on persons with disabilities is disaggregated as much as possible by sex, age, geographic area, ethnicity, disability, HIV/AIDS and other status. The information comes from a variety of sources including government and official data, civil society, observations and recommendations of international human rights mechanisms (including the [Committee on the Rights of Persons with Disabilities](#)), regional and national human rights mechanisms, and other reliable sources.

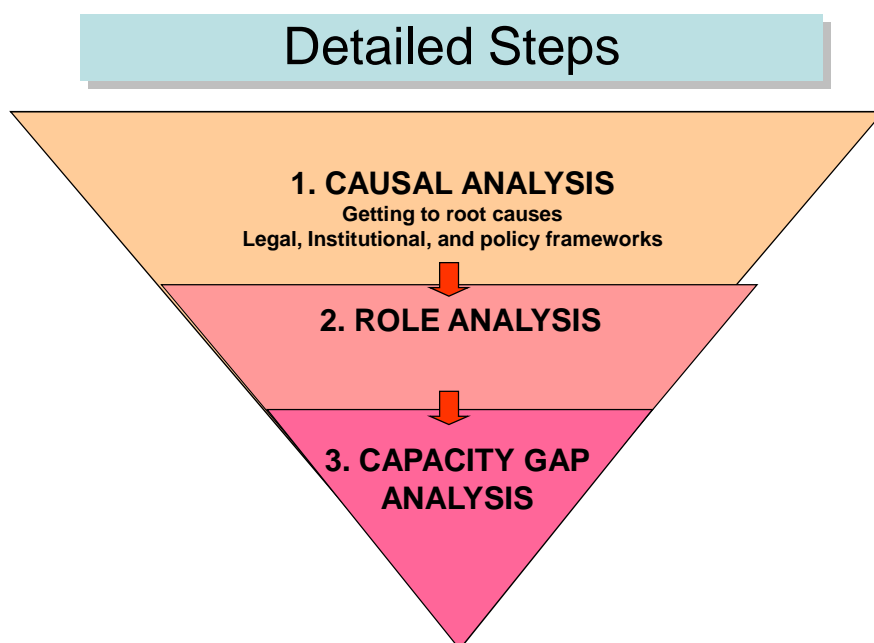
b) Assess the situation: Based on the information gathered, the assessment from a human rights and gender perspective helps to determine whether, and where, a problem or challenge exists, its intensity and who is affected, including persons with disabilities. It reviews the trends in development indicators using sex-disaggregated data and it highlights disparities: where these occur, who are most affected and how many are affected. It examines the commitments of the State to respect, protect and fulfill human rights. The HRBA adds value to this assessment by relating the situation to the human rights obligations in the international instruments ratified by each country, including the CRPD. This data-driven assessment will help to identify patterns of discrimination and inequality, and describe the situation of groups excluded, including persons with disabilities, and made vulnerable due to the denial of their rights.

Because persons with disabilities are particularly vulnerable, the assessment also addresses risks for potential natural and man-made disasters, and discusses the country's [disaster preparedness](#), including the availability of early warning and crisis monitoring indicators. Particular attention should be paid to the risks faced by women and girls with disabilities in time of crisis, including the risk of systematic rape.

c) Select challenges for deeper analysis: Using the assessment, the UNCT and national partners will identify particular problems or challenges for deeper analysis. Persons with disabilities can be considered in all the following criteria for the selection of these problems:

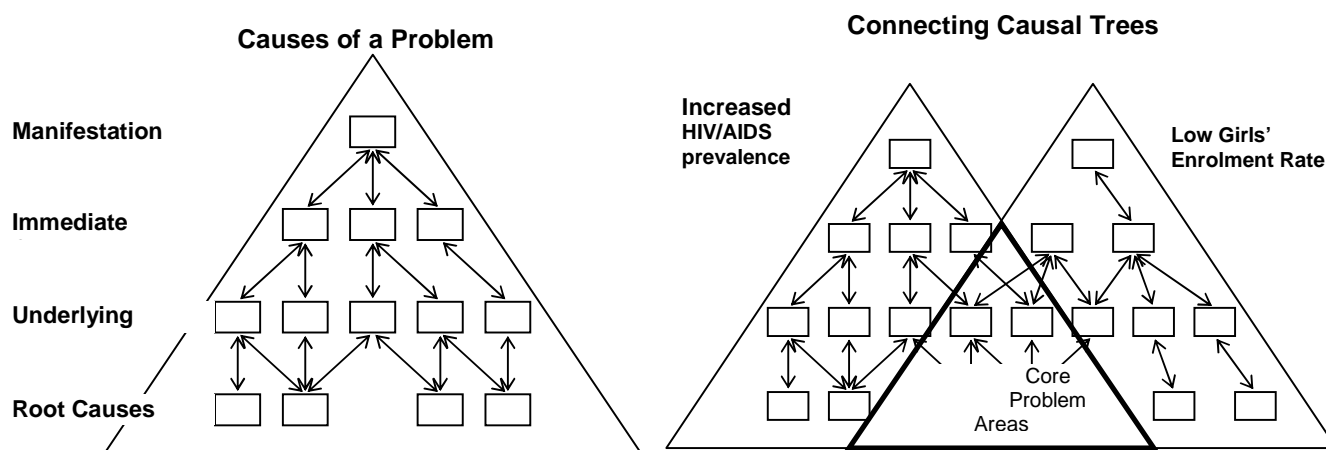
- The persistence, severity and scope of the problem as evidenced by relevant reports (e.g. National MDG Report, CEDAW Concluding Comments, CRPD Observations and Recommendations, etc);
- Negative trends involving persons with disabilities;
- Trends that might lead to man-made crises or natural disasters and have an impact on persons with disabilities;
- Disparities suggesting unequal treatment and discrimination of persons with disabilities;
- Particular opportunities for UNCT advocacy and programme cooperation on issues concerning persons with disabilities; and
- Opportunities for multiple impacts on persons with disabilities, where problems are closely linked or have a causal relationship.

Figure 1: The key HRBA steps



d) Analyze selected problems and challenges to identify root causes: The quality of the CCA depends on the depth and quality of the analysis. The analysis organizes the main data, trends and findings into relationships of cause and effect. It identifies the manifestation of the problem – or its effect on people, and its underlying and root causes. Again these are disaggregated as much as possible by sex, age, geographic area, ethnicity, disability, HIV/AIDS and other status among others. A graphic representation of this causality analysis is called a problem tree (figure below).

Figure 2: Causal analysis and causal trees



Normally,

- Immediate causes determine the current status of the problem.
- Underlying causes are the consequence of policies, laws and availability of resources.
- Root causes concern attitudes and behaviour at different levels, including the family, communities, and governments.

A causality analysis is guided by human rights principles and standards. It is important to understand the problem and its causes as human rights not yet fulfilled for persons with disabilities.

For example, do the State and its authorities ensure that children with disabilities are protected against discrimination in the school system? What cultural values and practices need to be addressed to protect persons with disabilities from being excluded from work opportunities?

Human rights-based analysis reveals gaps in norms, institutions, and legal and policy frameworks, as they apply to persons with disabilities. It describes how laws, social norms, traditional practices and institutional responses affect the fulfillment of the human rights of persons with disabilities. Most importantly, the analysis considers the implementation – both in legislation and in practice - of international human rights treaties, including the recommendations of the Committee on the Rights of Persons with Disabilities.

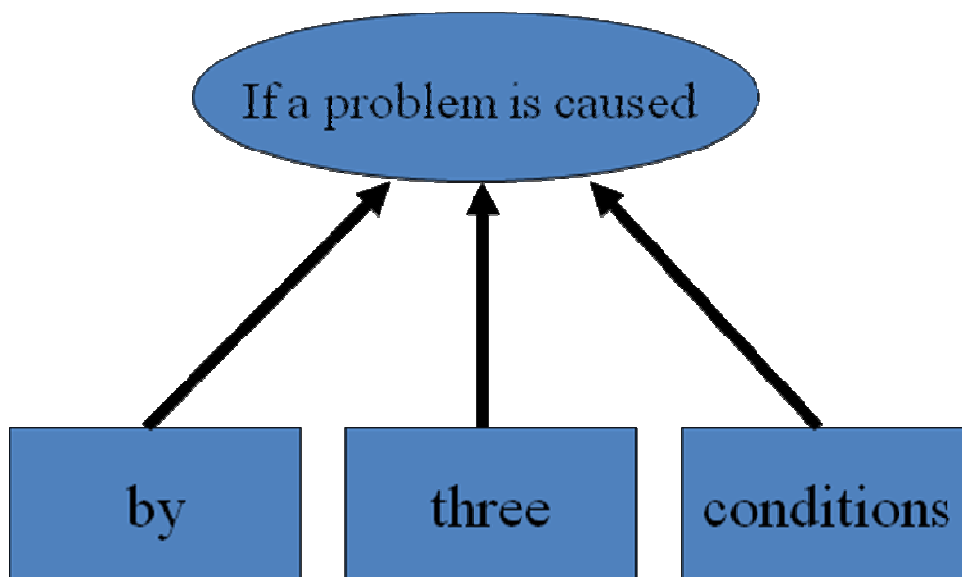
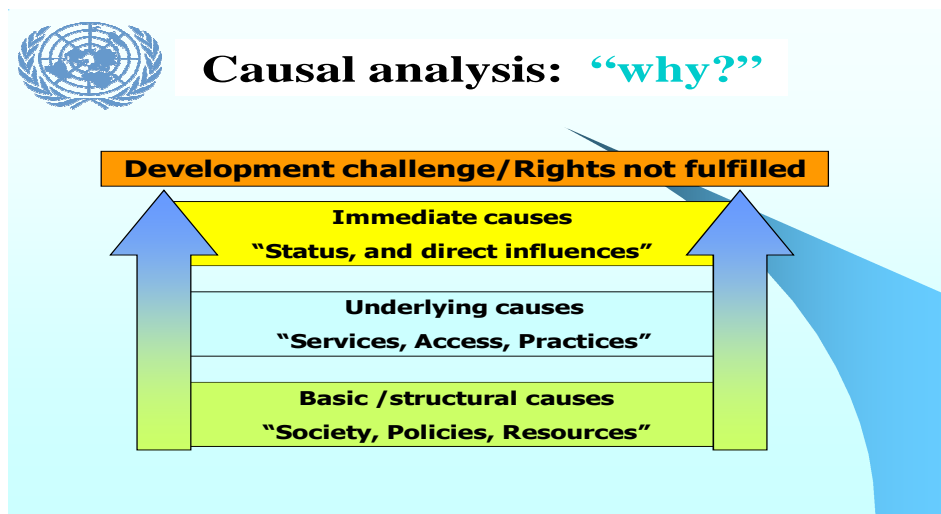
Some underlying or root causes for different development challenges faced by Persons with disabilities may be the same (See the overlapping triangles on the right in figure above). Identification of these common underlying or root causes of multiple problems will increase the likelihood that policy or programmatic responses yield multiple impacts.

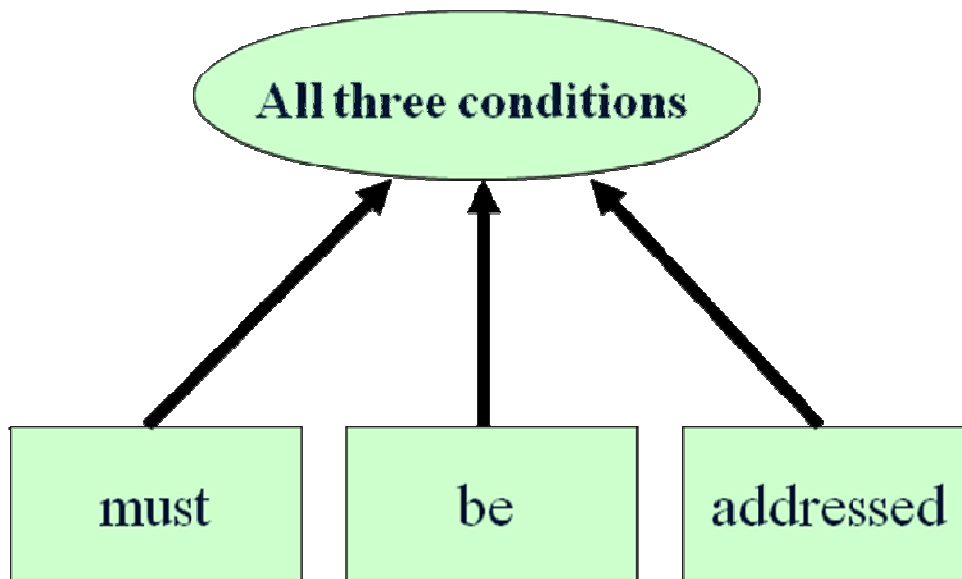
Unfulfilled right: Children with disabilities are not attending school

Rights-Holders: children with disabilities, their parents (both rights-holders and duty-bearers), their teachers (also rights-holders and duty-bearers), the community school board or equivalent body (as rights-holders and duty-bearers). While the parents, teachers, and school board are also duty-bearers, they are not able to fulfill their responsibilities due to their own lack of capacity.

Duty-Bearers: parents, teachers, school board, local authorities, ministry of education, parliamentarians and other elected leaders. The question then arises as to where capacity building will produce the greatest results and impact?

Figures 3: Key reasons for a causality analysis





e) Identify rights holders and duty bearers, and their capacity needs: Once the causal analysis is completed, the next step is to identify rights-holders, and duty-bearers. A HRBA recognizes people as rights-holders (also referred to as claim-holders, or subjects of rights), in this case persons with disabilities, and as key actors in their own development. They are not passive recipients of benefits. At the same time, it recognizes the corresponding human rights obligations of the duty-bearers, which include both state and non-state actors, to respect, protect and fulfill the human rights of persons with disabilities. The role analysis helps examine the relationship between rights-holders and duty-bearers. This part simply calls for making a list of the rights-holders on the one hand and a list of the corresponding duty-bearers on the other, in relation to a specific human right of persons with disabilities and to compare the relationships.

Once all the relevant actors have been identified, the next step is to assess the capacity gaps of rights-holders and duty bearers in terms of skills, resources, responsibility, motivation and authority. At this stage of the analysis it is important to ask:

- What capacities are lacking for persons with disabilities as rights-holders to claim their rights?
- What capacities are lacking for these institutions or individuals to carry out their duties?

Figures 4 and 5: Rights holders and duty bearers in HRBA

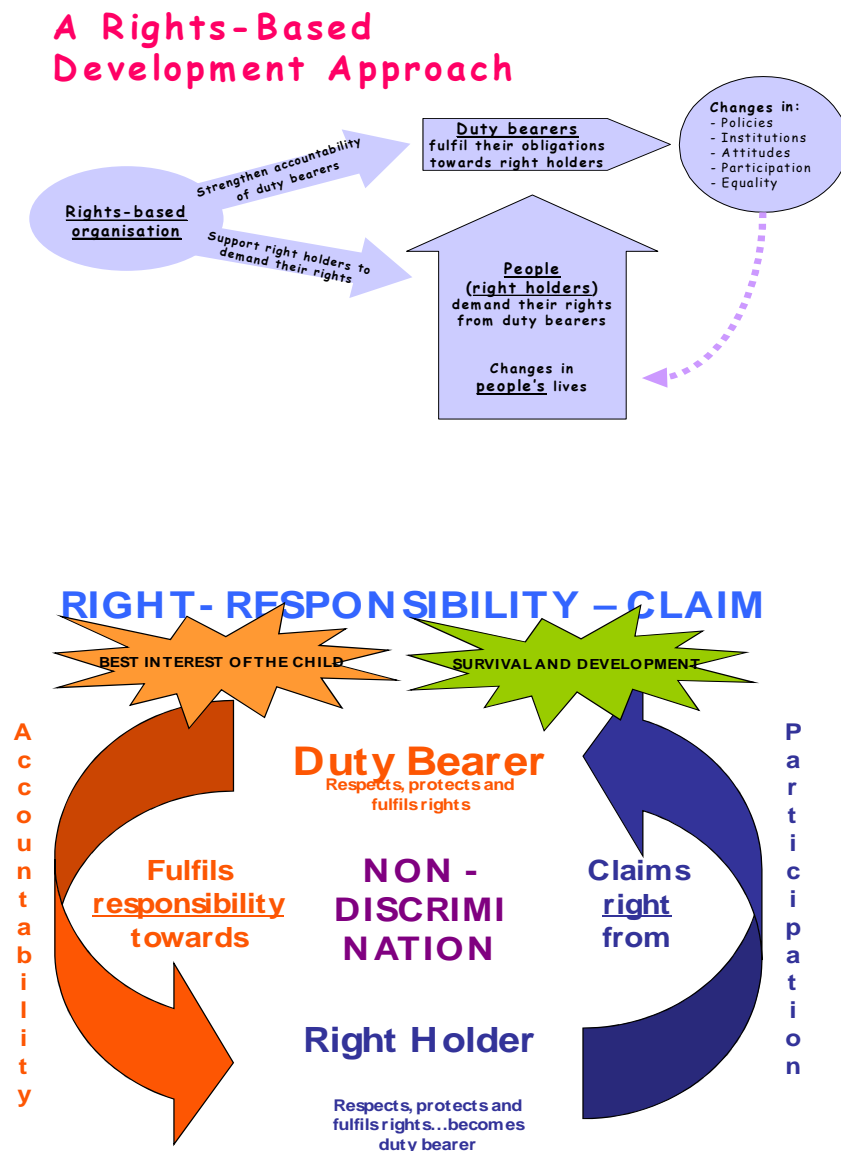
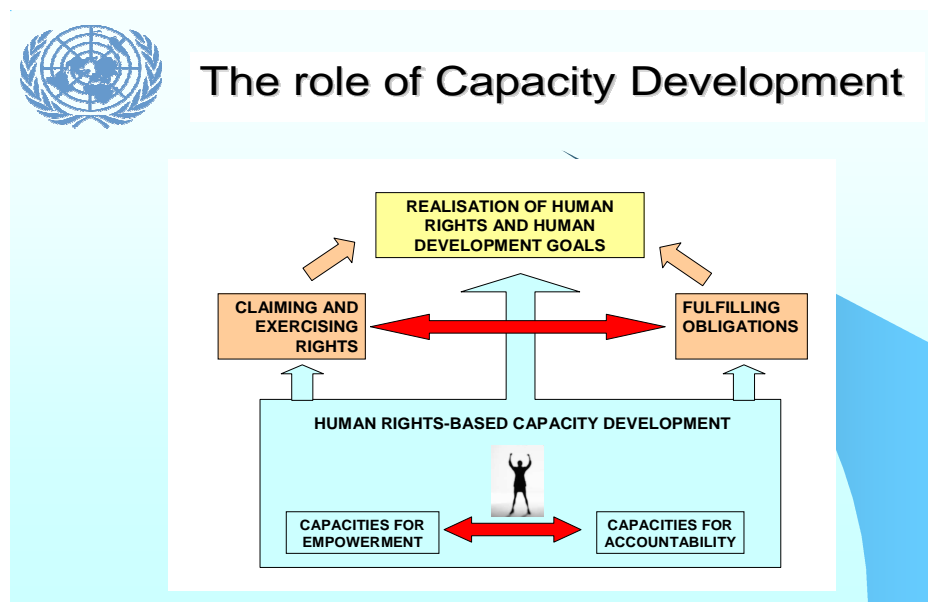


Figure 6: Role analysis and capacity development



Section 3: Priority development problems and their common root causes: On the basis of this analysis, the UNCT and partners will identify a limited number of priority problems on disability, where programme cooperation can produce the greatest results. The final section of the CCA identifies the priority problems, from those analyzed in section 2. Prioritization is guided by where the UNCT can bring its comparative advantages to bear to make the biggest difference.

The following criteria may be helpful in establishing priorities among the analyzed problems:

- The magnitude and growth of the problem as it relates to persons with disabilities, and the level of national commitment;
- Problems with common underlying or root causes where programmatic responses may yield multiple impacts;
- Whether the UNCT has the comparative advantages to address the problem and develop lasting in-country capacities;
- Sufficient human resources and funds are available, or can be mobilized; and
- The potential for alignment with key actors within government and civil society who have decision-making power or can influence national priorities and support UNCT action in the area of disability.

2. Stages in the CCA process

Theme groups: The UNCT, in consultation with partners, decides which existing theme groups are useful to help with the CCA, or creates new ad hoc theme groups to make the best use of available analytical resources. A Theme Group on disability issues may be created or else staff and partners with specific knowledge on disability can participate in other groups. Country databases of relevant, up-to-date information are used to conduct the analysis. Where relevant data are not available or reliable, the theme group ensures that appropriate actions for data collection and capacity building are proposed. Theme groups use a HRBA and mainstream gender equality concerns in the analytical process. Theme groups will typically consult Government, civil society, including worker and employers' organizations, indigenous organizations and institutions, organizations of persons with disabilities, people living with HIV/AIDS, the private sector and external partners, as well as social service providers. The theme groups use any relevant national poverty analyses, sectoral studies and/or any other work completed or underway, especially those relating to persons with disabilities.

When the theme groups have completed their work, a drafting committee will prepare a first draft of the CCA which is then distributed by the individuals leading the UNCT to all partners, including to non-resident United Nations agencies and to the Peer Support Group. Country teams, together with all partners may want to organize a final consultation to reach consensus on the major findings of the CCA, the priority problems identified for development cooperation, and the possible roles of development partners. These are all opportunities to strengthen a disability-sensitive CCA process. Partner participation and endorsement of the document ensures its wider use in the country. The impact of the CCA will be much greater if, as a result of wide "ownership", it influences national policy and resource allocation, than if it only influences UN policy and resource allocations.

Strengthen the indicator framework: Under any of the options of country analysis, it is strongly recommended to work with partners to develop or strengthen the indicator framework within the overall national development framework. UNCT efforts build on what already exists in the country to help establish baselines, identify trends and data gaps, and highlight constraints in country statistical systems. Particular attention is paid to disaggregation of data (by sex and other key socio-economic variables) and to any research that reflects the situation and views of people who suffer from discrimination due to handicap. The Box on the left presents information on disaggregation of data. Further details about the indicator framework are in chapter V. of the UNDAF Technical Guidelines.

Disaggregating data:

Disaggregation of data by key socio-economic variables is a must because it will help uncover patterns of marginalization and exclusion central to UN planning. There is sometimes confusion about what data needs to be disaggregated and how it is to be used. Here are some rules of thumb:

- Always disaggregate data by sex, and if this is not possible (e.g. because data does not exist or is too expensive to gather), note this.
- Another variable to consider is disability, along with age, geographic area, ethnicity ,disability type and socio-economic status.
- Think about how the data on persons with disabilities will be analyzed ahead of time, and the uses to which it will be put. There is sometimes a tendency to collect too much data, or not to analyze what is collected. Data should help determine the key national needs in relation to the MDGs and how the UN can best support national efforts to meet MDG targets.

[DevInfo](#) is a user-friendly, customizable database system used by UNDG to support national monitoring of human development. It can be customized by the UNCT to link data to the national development framework, the World Summit outcome document, MD/MDGs and the UNDAF as well as other plans of high national priority. This is a key tool for a disability-sensitive analysis.

Tool 2: Glossary of terms and concepts¹²

Accessibility

An accessible environment allows for free and safe movement, function and access for all, regardless of age, sex or condition. It is a space or a set of services that can be accessed by all, without obstacles, with dignity and with as much autonomy as possible.

Accessibility can be defined on three levels:

1. Accessibility of the built environment, which includes housing and private buildings, as well as public spaces or buildings, and to the social environment, particularly in services and government offices
2. “Geographic accessibility”, which looks at the ability to circulate: everybody should have the right and the opportunity to choose their means of transport, to go from one place to another according to their needs, abilities and budget (this dimension is usually included within the previous one – as in the CRPD art. 9 - but HI field experience shows that in many cases free movement has to be addressed *per se* in addition to the settings and buildings themselves. This is why it can be useful to make it a distinct point).
3. Access to information and communication (accessible media, accessible dissemination of information and accessible outlets).

Child disability (including developmental disability)

Child disabilities become apparent prenatally, perinatally or during infancy, childhood, or adolescence. They can affect one or more functional domains, including: cognition, movement, consciousness, language, speech, vision and hearing. Developmental disabilities encompass a range of disabilities including genetic and acquired disabilities (such as those resulting from an injury).

Community / Community Participation

The close environment of an individual, including the population and all different stakeholders (public or private), within a confined geographical area, who share a feeling of common belonging and experience common constraints and benefits. With regards to participation, community can apply to spatial communities (a body of people living and/or working in the same locality); for example a neighbourhood or a district.

Decentralisation

A transfer of certain responsibilities and corresponding resources from the central State to local authorities, usually in the field of managing local taxes, city planning, infrastructure, and construction, as well as social services such as water and sanitation, housing, transport, education, primary health care,

¹² This Glossary has been put together, using three main sources: (i) A Guidance Paper for an Inclusive Local Development Policy Mainstreaming Disability in Development Cooperation To Break the Cycle of Poverty and Disability in Developing Countries Background information, Tools for action at local level, Support material. EU Disability Mainstreaming in Development Cooperation project, European Union; (ii) Promoting the rights of children with disabilities, UNICEF, Innocenti Research Center, Innocenti Digest No 13; and (iii) Monitoring Child Disability in Developing Countries, Results from the Multiple Indicator Cluster Surveys, UNICEF, University of Wisconsin, School of Medicine and Public Health.

culture and sports, etc. Local level authorities, enjoy decision-making autonomy, within the boundaries of the legislation and national strategies and policies, and manage their allocated budget for the transferred responsibilities. This makes them accountable to the citizens that live within the territory and boundaries of the local authority's mandate.

Disability

Disability is an evolving concept and results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others, as defined in the UN Convention on the Rights of Persons with Disabilities (CRPD). This Guidance Note recognises that disability has various definitions in the social and legislative frameworks of different countries but proposes this definition as a possible reference.

Under the International Classification of Functioning, Disability and Health (ICF) adopted by the World Health Organization (WHO) in 2001, disability is conceived as the outcome of the interaction between impairments and negative environmental impacts. WHO emphasizes that most people will experience some degree of disability at some point in their lives. Accordingly, the ICF classification focuses on a person's 'abilities and strengths and not just impairments and limitations. It also grades functioning on a scale from not impairment to complete impairment. By shifting the focus from cause to impact, ICF places all the health conditions on an equal footing.¹³

Disabled People's Organisation (DPO) / Organisations of persons with disabilities

A DPO is an organisation representing people with disabilities, focused on the promotion of their rights. These organisations have to be mainly composed of and led by people with disabilities. In the case of people with significant intellectual or multiple disabilities, they can also be family-based organisations, advocating for the human rights of people with disabilities.

Empowerment

The empowerment of a group or community increases its strengths and improves its capacity to accomplish its goals. Empowerment is the expansion to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives.

Impairment

The term 'impairment' is used to refer to the loss or limitation of physical, mental, intellectual or sensory function on a long – term or permanent basis. '

Incidence

The rate at which new cases of a condition occur in a defined population during a specific timeframe.

Inclusive development

Inclusive development is a rights-based process that promotes equality and the participation of the largest possible section of society, especially groups that face discrimination and exclusion. Inclusive development ensures that persons with disabilities are recognized as rights-holding equal members of society, who are engaged and contributing to a development process for all. Inclusive development can be implemented at national and at local level.

¹³ For more on the International Classification, see www.who.int/icidh or contact the Classification, Assessment, Surveys and Terminology Unit, WHO (see 'Links' section).

Local Governance

Local governance refers to the interactions between different actors at the local level, ranging from local governments and representatives of civil society to the private sector. Effective or 'good' local governance is brought about by a set of institutions, mechanisms and processes through which citizens and groups can articulate their interests and needs, mediate their differences and exercise their rights and obligations at the local level. It involves effective citizen participation, transparent flows of information, and functioning accountability mechanisms.

Participatory process

A participatory process is defined as involving relevant stakeholders in the policy making or planning, each stakeholder contributing to the end result, having a stake in the outcome and a role in the monitoring and implementation of the final output. A participatory process allows for full and meaningful consultation of all stakeholders involved and should be representative of the different actors concerned, giving particular weight to the contributions of those whose human rights are directly affected.

Persons with Disabilities

Person with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Article 1).¹⁴

Prevalence

The proportion of a population, per 1000 people, with a condition at a given time. For example, the prevalence of child disability is the proportion of children in a population that are found to have a disability.

Reasonable accommodation

The necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

Social services

Social services cover a large and diversified range of services, which are intended to improve standards of living, especially of marginalised individuals and groups, those discriminated against or in vulnerable situations. Social services are linked to national welfare schemes and are important tools for the implementation of public policies in the field of social protection, non-discrimination, the fight against poverty and exclusion. They are not conditioned by the contribution of the users and should enhance capacities of individuals for full inclusion and participation in society. They respond to social needs and social deficits, which "the market" cannot manage, or which can even be generated by the market. States are responsible for ensuring the access of all citizens to social services but do not necessarily have to be the providers of them. In a narrow definition, social services address strictly social needs, such as housing, social care for children and the elderly, social security or other types of social protection. In a wider sense, social services cover a wider range of services such as education, basic health care, vocational training, access to employment, etc.

¹⁴ United Nations, Convention on the Rights of Persons with Disabilities, United Nations, New York, 2006. See www.un.org/esa/socdev/enable

Universal Design

Universal Design is a strategy which aims to make the design and composition of different environments, products, communication, information technology and services accessible and understandable to, as well as usable by, everyone, as far as possible in the most independent and natural manner possible, preferably without the need for adaptation or specialized solutions. It promotes a shift towards user-centred design by following a holistic approach and aiming to accommodate the needs of people with disabilities, regardless of any changes they might experience in the course of their lives. Consequently, Universal Design is a concept that extends beyond the issues of mere accessibility of buildings for people with disabilities and should become an integrated part of policies and planning in all aspects of society.

Tool 3: The obligations to respect, protect and fulfil the rights of persons with disabilities – How they might be translated into action

Freedom from Torture (Art 15)

Respect: the State must not subject a person with a disability to torture and other cruel, inhuman or degrading treatment, including medical experimentation or interventions without the free and informed consent of the person concerned in a State-run prison or psychiatric institution.

Protect: the State must ensure that privately run prisons or psychiatric institutions do not practise torture and similar practices on persons with disabilities.

Fulfil: the State must ensure that prison officers and health professionals are given adequate training and information so that the human rights of persons with disabilities are respected.

The Right to Health (Art 25)

Respect: the authorities must not undertake medical treatment of a person with a disability without his/her free and informed consent or enforce treatment against a person's will.

Protect: the Government must ensure that private health-service providers do not discriminate against or withhold health care from someone on the basis of disability.

Fulfil: the Government must increase the availability of quality and affordable health care for persons with disabilities.

Freedom of Expression (Art 21)

Respect: the State must not withhold information or stop a person with a disability from freely expressing his/her views.

Protect: the State must prevent private entities from prohibiting a person with a disability from freely expressing his/her views.

Fulfil: the State must facilitate the use of sign languages, plain language, Braille, and augmentative and alternative communication in official interactions.

The Right to Education (Art 24)

Respect: Authorities must not exclude a student with a disability from education on the basis of disability, whether the education takes place in formal or non-formal educational institutions, at primary, secondary or higher levels, or involves vocational and technical education.

Protect: the State must ensure that private schools do not discriminate against a person with a disability in their education programmes.

Fulfil: the State must ensure that free secondary education is progressively available to all, including persons with disabilities.

The Right to Work and Employment (Art 27)

Respect: the State must respect the right of persons with disabilities to form trade unions.

Protect: the State must ensure that the private sector respects the right to work of persons with disabilities.

Fulfil: the State must provide technical and vocational training, with available resources, to persons with disabilities, and employ persons with disabilities in the public sector.

Tool 4: Examples of indicators¹⁵

REMINDER - INPUT / OUTPUT / OUTCOME / IMPACT

While different classifications for indicators exist, the guidance note refers here to the typology suggested by the European Commission¹⁶.



Input indicators measure the financial, administrative and regulatory resources provided by government and donors, dedicated to achieving our disability sensitive targets (within the overall goal of disability inclusive project management)

E.g., Training of officials, service providers etc; on disability inclusion

Output indicators measure the immediate and concrete consequences of the measures taken and the resources used.

E.g., Number of accessible infrastructures

Outcome indicators measure the results at the level of beneficiaries- access to, use of and satisfaction with the above outputs; this is not an actual measurement of quality of life as such, but gives a strong indication:

E.g., Number of people with disabilities having access to infrastructure

Impact indicators determine the consequences of the outcomes or measure key dimensions of well being- for example, good health, literacy, etc

E.g., Increased quality of life for people with disabilities (health, nutrition, hygiene etc.)

In general, if the goal of the UN system is to include disability in development cooperation, we need to establish disability sensitive indicators. Disability sensitive indicators will be used in combination with:

→ Disability sensitive targets

→ Disability disaggregated data/ sources of information which are disability sensitive.

This tool gives a selection of possible indicators that could be adapted for individual situations depending on the sector and the context. The lack of qualitative indicators is a shortcoming.

¹⁵ The source used for this tool is: Make Development Inclusive, How to include the perspectives of persons with disabilities in the project cycle management guidelines of the European Commission, CBM (Together we can do more) and International Disability and Development Consortium (IDDC). This manual is part of the project "Disability mainstreaming in Development Cooperation", supported by DG Employment and Social Affairs of the European Commission. See <http://www.make-development-inclusive.org/> and in particular the toolbox for the indicators: <http://www.inclusive-development.org/cbmtools/part3/index.htm>

¹⁶ Guideline for the use of indicators in country performance assessment, December 2002.

Development practitioners are therefore strongly encouraged to pay attention to developing qualitative indicators.

These indicators are presented as a list of options to be used or adapted as and when necessary as disability components and targets are introduced to various projects and sectors.

Sample disability sensitive indicators for the Education sector

Type/level of indicator	Sample disability sensitive indicators
Input	<ul style="list-style-type: none"> ✚ Expenditure on development of an inclusive education system ✚ Expenditure to support the education of school children and students with disabilities (training of special educators, development of adapted materials, physical improvements to schools to make them accessible, etc) ✚ Development of policies to support the inclusion of school children and students with disability in the education sector
Output	<ul style="list-style-type: none"> ✚ Number of teachers trained in inclusive practices (e.g. training in Braille, in Sign Language, in disability awareness, in the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities) ✚ Number of teachers trained in special education ✚ Number of accessible classrooms built/ adapted, as a percentage of all classrooms built ✚ Number of accessible latrines built/ adapted, as a percentage of all built ✚ Training materials and curricula adapted for school children and students with disabilities
Outcome	<ul style="list-style-type: none"> ✚ Primary/ gross or net enrolment rate (%) school children with disabilities ✚ Primary completion rate (%) school children with disabilities ✚ Secondary gross or net enrolment rate (%) school children with disabilities ✚ Participation in tertiary education (%) of students with disabilities
Impact	<ul style="list-style-type: none"> ✚ Literacy level of school children and students with disabilities ✚ Literacy level of girl children/ women with disabilities ✚ Positive attitude of school teachers towards including school children and students with disabilities ✚ Positive attitude of policy makers towards including school children and students with disabilities ✚ Positive attitude of school children towards including children with disabilities ✚ School children and students with disabilities receive the support they need to facilitate their effective education ✚ Increased demand for education from children and parents of children with disabilities ✚ Parents of children with disabilities are aware of the right of their children to education ✚ Children with disabilities are aware of their right to education ✚ Teachers are aware of the rights of children with disabilities to education

Sample disability sensitive indicators for the Health and rehabilitation sector

This does not take health insurance issues into consideration

Type/level of indicator	Sample disability sensitive indicators
Input	<ul style="list-style-type: none"> Expenditure on making health services accessible to persons with disabilities Expenditure on health, employment, education and social rehabilitation services for people with disabilities Expenditure on training for health professionals at all levels in disability related healthcare and rehabilitation Investment in disability-inclusive health information systems
Output	<ul style="list-style-type: none"> Number of or % health facilities accessible to person with disabilities, as a percentage of all health facilities Health information systems inclusive of disability disaggregated data National health related rehabilitation service in place Services for development of assistive devices and technologies designed for persons with disabilities in place Number of staff trained (both initial and continuous training) in rehabilitation Number of health professionals trained in disability awareness and ethical standards of care for people with disabilities
Outcome	<ul style="list-style-type: none"> Health information collected, analysed and reported is disability disaggregated % of people with disabilities with access to health care and programmes % of women with disabilities with access to health care and services in the field of sexual and reproductive health % of people with disabilities with access to health-related rehabilitation services % of people with disabilities with access to assistive devices and technology % of people with disabilities with access to population based health programmes Number of children with disabilities with access to early identification, as appropriate and relevant services. Health and health related rehabilitation services are reachable to all population groups (including people living in rural areas) Health and health related rehabilitation services are affordable to all population groups (including people living in rural areas) Health and health related rehabilitation services are physically accessible to all population groups (including people living in rural areas)
Impact	<ul style="list-style-type: none"> Information is available on access for people with disabilities to the health sector enabling better planning of inclusive health services Persons with disabilities have the same health status as others in the population

Sample disability sensitive indicators HIV&AIDS

Type/level of indicator	Sample disability sensitive indicators
Input	<ul style="list-style-type: none"> ✚ Spending on physical accessibility of buildings and services as a % of the Health budget ✚ Spending on adaptation of messages to ensure they are accessible for persons with disabilities as a % of the HIV&AIDS budgets ✚ Spending on training of Health and VCT staff on disability awareness as a % of the Health Budget ✚ Existence of objectives targeting vulnerable groups like persons with disabilities in the updated plan and budget
Output	<ul style="list-style-type: none"> ✚ Number of physically accessible VCT services and buildings, as a percentage of all VCT services and buildings ✚ Number of health services accessible to /providing anti-retroviral treatments to persons with disabilities, as a percentage of all such services ✚ Number of health staff trained on disability awareness and HIV and AIDS ✚ Existence of adapted information and materials
Outcome	<ul style="list-style-type: none"> ✚ HIV prevalence among pregnant women with disabilities aged 15-24 years ✚ Percentage of population of persons with disabilities with comprehensive correct knowledge of HIV&AIDS ✚ Percentage of health staff with comprehensive correct knowledge on disability and HIV&AIDS ✚ Percentage of patients with disabilities with sexual transmitted infections at health-care facilities who are appropriately diagnosed, treated and counselled ✚ Percentage of HIV-infected pregnant women with disabilities receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission ✚ Percentage of persons with disabilities with advanced HIV infection receiving antiretroviral combination therapy
Impact	<ul style="list-style-type: none"> ✚ Reduction of the spread of HIV&AIDS epidemic among persons with disabilities ✚ Persons with disabilities living with HIV AIDS have equal access to treatment leading to prolonged/ improved quality of life

Sample disability sensitive indicators for the Water and Sanitation sector

Type/level of indicator	Sample disability sensitive indicators
Input	<ul style="list-style-type: none"> ✚ Development of policy/ project/ program on inclusion of people with disabilities in water and sanitation services <p>Or</p> <ul style="list-style-type: none"> ✚ Development of policy/ project/ program for disability specific water and sanitation services

	<ul style="list-style-type: none"> ✚ Expenditure on development of policy/ project/ program on inclusion of people with disabilities in water and sanitation services <p>Or</p> <ul style="list-style-type: none"> ✚ Expenditure on Development of policy/ project/ program for disability specific water and sanitation services
Output	<ul style="list-style-type: none"> ✚ Number of water facilities adapted or constructed that are accessible for people with disabilities, as a percentage of all water facilities ✚ Number of sanitation facilities adapted or constructed that are accessible for people with disabilities, as a percentage of all sanitation facilities ✚ Number of public services (schools, health facilities etc.) adapted or constructed that are accessible to people with disabilities, as a percentage of all public services ✚ Number of officials, services providers, water and sanitation managers trained on disability inclusion in the water and sanitation sector ✚ Involvement of people with disabilities and disabled peoples organisations in decision making processes
Outcome	<ul style="list-style-type: none"> ✚ Number of households with person with disability with access to safe water ✚ Number of households with person with disability with access to safe sanitation ✚ Number of people with disabilities using services that they did not use before the program was implemented because of non- accessibility ✚ Number of people suffering from water and hygiene related diseases causing disabilities before and after the program implementation (e.g. diarrhoea and infectious diseases)
Impact	<ul style="list-style-type: none"> ✚ Persons with disabilities have equal access to Water and Sanitation services as other people in their community, which results, as for others, in an improved quality of life, and improved state of health ✚ The number of people infected by water and hygiene related diseases is reduced

Disability sensitive indicators for the Urban Development sector

Type/level of indicator	Sample disability sensitive indicators
Input	<ul style="list-style-type: none"> ✚ Participation of people with disabilities and NGOs in decision-making and implementation process ✚ Evaluation and data collection on people with disabilities living in the concerned area ✚ Development of national/ regional Urban Sector Profile Study including people

	<p>with disabilities</p> <ul style="list-style-type: none"> ✚ Expenditure on development of policy/ project/ program on inclusion of people with disabilities in urban development (such as infrastructure, transport, housing, services etc.) ✚ Training of officials, service providers etc; on disability inclusion
Output	<ul style="list-style-type: none"> ✚ Number of people with disabilities included in decision-making process <ul style="list-style-type: none"> ○ As a percentage of the total, number of accessible: <ul style="list-style-type: none"> ✚ infrastructure (ex. Roads, footpaths, public building) ✚ transport (busses, trains etc.) ✚ Services and facilities (water, sanitation, electricity, health, education etc.) ✚ Housing schemes ✚ Economic centres (markets, shopping centres) ✚ Recreation places (parks, sport facilities)
Outcome	<ul style="list-style-type: none"> ✚ Number of people with disabilities having access to infrastructure, transport, services provision, housing schemes, economic centres, recreation places etc.
Impact	<ul style="list-style-type: none"> ✚ Increased quality of life for people with disabilities (health, nutrition, hygiene etc.) ✚ Reduced physical and attitude barriers for integration and thus more opportunities for participating in social and economic life of community ✚ Less dependence from outside world ✚ Improved access in urban environment benefits community as a whole

Sample disability sensitive indicators for the support to Non-state actors (Disabled Persons Organizations (DPOs) and Disability-related non-state actors)

Type/level of indicator	Sample disability sensitive indicators
Input	<ul style="list-style-type: none"> ○ Spending on organisational and operational capacity building of the non state actors. In terms of: <ul style="list-style-type: none"> ✚ Human resources and technical assistance and trainings ✚ Material means
Output	<ul style="list-style-type: none"> ○ In case of organisational capacity building: <ul style="list-style-type: none"> ✚ Number of DPOs/DNSA reinforced (technically; financially) ✚ Number of staff of DPOs / DNSA reinforced (technically; financially) ○ In case of operational capacity building: <ul style="list-style-type: none"> ✚ Number of projects (or activities) implemented by DPOs/ DNSA which were reinforced ✚ Number of staff trained for the specific implementation of the funded projects
Outcome	<ul style="list-style-type: none"> ○ In case of operational capacity building: <ul style="list-style-type: none"> ✚ Results of development programmes where DPOs / DNSA, as service providers,

	<ul style="list-style-type: none"> implemented specific components ✚ Management capacity of the DPOs/DNSA to handle the budget for the action ✚ Level of sustainability of the projects funded ○ In case of organisational capacity building: <ul style="list-style-type: none"> ✚ Partnerships with DPOs/DNSA and other actors and networking ✚ Long-term and/or structural impact is the project implemented by DPOs/DNSA ✚ Management capacity of the DPOs/DNSA - including staff, equipment and ability to develop activities ✚ Accountability and level of involvement of target groups ✚ Ability to provide a clear organisational structure which reflects the basic principles of democracy and transparency
Impact	<ul style="list-style-type: none"> ✚ Added value/relevance of policies/ initiatives for which DPOs, in their role of advocates, have lobbied for ✚ Quality of DPOs/DNSA inputs to policy discussion ✚ Capacity of DPOs to give voice to their constituencies, on their ability to set up new dialogue structures, communication and information strategies for civil society, etc. ✚ NSA ability to address the priorities of poverty reduction, excluded social groups.

Tool 5: The International Classification of Functioning, Disability and Health

In 2001, the World Health Organization (WHO) adopted the International Classification of Functioning, Disability and Health (ICF) (WHO 2001), which has been endorsed by 191 Member States. The ICF uses a definition of disability that is based on activity limitation and participation restrictions rather than on physical attributes. It is the revision of the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), first published by WHO for trial purposes in 1980¹⁷.

The classification structures information on human functioning and its restrictions: functioning serves as an umbrella term for all body functions, activities and participation, whereas disability is used to refer to impairments, activity limitations and participation restrictions. The ICF is composed of health and health-related domains, which are described in two basic lists: Body Functions and Structures; and Activities and Participation. A second part of the classification contains components of contextual factors in the form of a list of environmental factors. Personal factors are also part of these contextual factors, but are not classified in the ICF due to the considerable variations in social and cultural background.

Health domains include seeing, hearing, speaking and mental functions and health-related domains comprise transportation, education and social interactions. The list of environmental factors includes domains such as characteristics of the natural environment, specific support and relationships, special services and systems.

The functioning of an individual in a specific domain is an interaction between the health condition and contextual factors. "The unit of classification in ICF is *categories* within health and health-related domains. It is important to note, therefore, that in ICF persons are not the units of classification; that is, ICF does not classify people, but describes the situation of each person within an array of health or health-related domains. Moreover, the description is always made within the context of environmental and personal factors." (WHO 2001, p. 8)

The full version of ICF provides classification at different levels of detail:

- The highest level is represented by 30 chapter headings for body functions, body structures, activities and participation and environmental factors; for example, voice and speech functions, structures related to movement, communication and attitudes.
- The second level of the classification expands these chapters into subheadings at the first branching level; for example, voice functions, articulation functions, fluency and rhythm of speech functions.
- The lowest level contains all basic categories within the classification with their definitions, inclusions and exclusions; for example, production of voice and quality of voice. The detailed version of the ICF is recommended for use in specialist services, whereas the classification at the second level can be used for surveys.

The ICF is recommended as standard classification for the collection of data on functioning and disability. It provides a unified and standard language and framework for the description of health and health-related states. It is employed in many national surveys for disability data collection.

¹⁷ The ICF is contested by the World Network of Users and Survivors of Psychiatry which does not agree that the ICF in its current form is recommended to be used to collect data on disability. The ICF takes the view that diversity in mental functioning is pathological (i.e. all the parameters for mental functioning correspond to psychiatric diagnoses) and also states incorrectly that such diversity in functioning is a manifestation of physical pathology

Tool 6: Disability and MDGs¹⁸

A challenge of vital importance

Most disability organisations and several development NGOs, agree on the fact that the **UN Millennium Development Goals** (MDG) will never be reached by 2015 if the rights of persons with disabilities are not specifically addressed in the goals and the policies being defined for their implementation.¹⁹ Persons with disabilities and their families have to be part of the indicators in each of the goals. For example, MDG 2 of achieving universal primary education will not be reached if it does not equally target children with disabilities. 98% of children with disabilities are not enrolled in schools, which represent 5-8% of all children in developing countries²⁰. Another example is in relation to MDG 4, to halve the rate of child mortality. Mortality rates for children with disabilities under the age of five are approximately 80%.

The Millennium Development Goals and their links with disability

The development policies designed to reach the MDGs have been criticised for not being inclusive in their design. Disability is not specifically mentioned in any of the eight MDGs, in the 18 targets, nor in any of the 48 indicators. Below is described how each of the eight goals directly relates to persons with disabilities and their families.²¹

MDG 1: Eradicate extreme poverty and hunger

Disability can lead to poverty because of increased living costs and diminished income-earning opportunities. Poverty can lead to disability because of increased vulnerability to illness, injury and other avoidable causes of health conditions. While concrete evidence is lacking, it is widely assumed that persons with disabilities and their families represent a substantial proportion of the poor, especially the extremely poor. (Relevant CRPD articles: 5, 27 and 28).

MDG 2: Achieve universal primary education

This is the only absolute goal. With over 90% of children with disabilities in developing countries not in school²², it will be impossible to achieve unless they are specifically targeted within educational programmes, in an inclusive approach. Since the responsibility for education is increasingly being

¹⁸ The main sources used for this tool are: (i) A Guidance Paper for an Inclusive Local Development Policy Mainstreaming Disability in Development Cooperation to Break the Cycle of Poverty and Disability in Developing Countries Background information, Tools for action at local level, Support material. EU Disability Mainstreaming in Development Cooperation project, European Union; and (ii) Lessons from the Disability Knowledge and Research Programme, Disability KAR, Knowledge and Research.

¹⁹ <http://www.un.org/millenniumgoals/>

²⁰ UN Enable. *Factsheet on Persons with disabilities*. <http://www.un.org/disabilities/default.asp?navid=34&pid=18>

²¹ The information is adapted from Disability KaR and DCDD, and a more in-depth discussion on disability and its absence from the MDGs can be found on their respective websites: Disability KaR <http://www.disabilitykar.net/learningpublication/developmentgoals.html>

and the Dutch Coalition on Disability and Development (DCDD): <http://www.dccd.nl/?2812>

²² <http://www.unesco.org/en/inclusive-education/children-with-disabilities/>

decentralized to local level, this goal needs to be dealt with within community planning. (Relevant CRPD articles: 7 and 24).

MDG 3: Promote gender equality and empower women

Women and girls with disabilities face complex and layered experience of discrimination and the denial of rights. The target of eliminating gender inequality in all levels by 2015 will not be reached without considering disability. (Relevant CRPD article 6).

MDG: 4 Reduce child mortality

In the developing world, mortality for children with disabilities under five can be as high as 80%, even in countries where the average child mortality rate has been reduced to 20%. Children with disabilities can be at higher risk of dying because of medical conditions, but also because of lack of access to public services and intense stigma – even within their own homes²³. (Relevant CRPD articles: 7, 10 and 25).

MDG 5: Improve maternal health

Disabling impairments associated with pregnancy and childbirth affect up to 20 million women a year. Women with disabilities are often counselled by their doctors and subsequently deterred from having children. Persons with disabilities should be able to access information and counselling on the effects of pregnancy and childbirth on their bodies, appropriate medical care during pregnancy and delivery, and care for the child. Policies are necessary to ensure that persons with disabilities have access to sexual and reproductive health information and services, including family planning and maternal health. (Relevant CRPD articles: 23 and 25).

MDG 6: Combat HIV/AIDS, malaria and other diseases

Persons with disabilities are particularly vulnerable to these diseases, and have the right to benefit equally from prevention and treatment programmes. (Relevant CRPD article: 25)

MDG 7: Ensure environmental sustainability

Poor environmental quality is directly responsible for about 25% of all preventable illnesses in the world, with diarrhoeal diseases being the leading cause. (Relevant CRPD article: 28).

MDG 8: Develop a global partnership for development

The inclusion of people with disabilities into mainstream development programmes is important, along with specific interventions where necessary and would constitute a twin track approach to disability in all development activities. (Relevant CRPD articles: 9, 21, 25 and 32).

Most, if not all, of the MDGs have a direct link to the local level and thus are under the responsibility of the local authorities (as main duty bearers for their effectiveness) and other community members (as duty bearers but also as main rights holders). This is increasingly being recognised in both developing countries and the EU member countries. Primary health care and impairment programmes, primary and secondary education, water and sanitation, food security and gender issues need commitment at the local level. This is where community organisations, women groups, trades unions, local authorities and DPOs can cooperate to reach these goals ensuring a dignified life for its citizens. One of the main international networks of cities and local governments and associations, the United Cities and Local Governments (UCLG), has for example launched an initiative of promoting and working to ensure that the MDGs are met before 2015. Several campaigns and activities have been implemented in the last few years.

²³ IDDC www.includeeverybody.org

Tool 7: Disability and Poverty²⁴

For decades the international disability movement has been saying that disability is a cause of poverty, that poverty often leads to disability and that people with disabilities are among the poorest of the poor in any country. However, it is only recently that a solid platform has been found from which to advance this argument. This has come about through the promotion of the UN's Millennium Development Goals (MDGs), which have prioritised poverty reduction in developing countries, and the establishment by the World Bank and International Monetary Fund of various new aid instruments and procedures, also built ostensibly around reducing poverty.

Unfortunately, those who constructed this platform did so without making disability part of the framework. For instance, Disability is not, explicitly mentioned in any of the eight MDGs or the documentation for the new aid instruments or procedures. It has been left to disabled people's organisations (DPOs) and their allies to campaign to get disability onto the development and poverty agenda.

A vicious circle in which persons with disabilities are trapped

The causal relationship between disability and chronic poverty has been widely discussed but still lacks wider comprehensive research showing how this relationship really operates and can be self-fuelling. A few studies have been made, which show that persons with disabilities, more often than other groups, lack access to basic services, employment, credit, land and other resources that could reduce poverty.²⁵

The vicious circle between disability and poverty varies as well within and between cultures and contexts, but is generally acknowledged to be strong. Poverty has to be seen not only from the economic perspective, but also from the point of social exclusion and powerlessness.²⁶ In developing countries, persons with disabilities and their families often live in poor and unsafe conditions and all persons with disabilities experience discrimination. Exclusion from full participation in social and economic life and from education opportunities substantially increases the risk of poverty.

People living in poverty are at higher risk of serious health problems and accidents due to restricted access to health care, poor nutritional access, poorer working and living conditions, which might lead to impairment. If a person acquires a type of impairment, he or she usually faces barriers to health services, education, employment, and other public services, and finds himself/herself often denied the opportunities that could help them to escape poverty.²⁷

²⁴ The main sources used for this tool are: (i) Lessons from the Disability Knowledge and Research Programme, disability KAR, Knowledge and Research. See www.disabilitykar.net; and (ii) A Guidance Paper for an Inclusive Local Development Policy Mainstreaming Disability in Development Cooperation to Break the Cycle of Poverty and Disability in Developing Countries Background information, Tools for action at local level, Support material. EU Disability Mainstreaming in Development Cooperation project, European Union.

²⁵ Poverty and Disability A Survey of the Literature, Social Protections Discussion Paper series, Ann Elwan, World Bank, Washington, 1999.

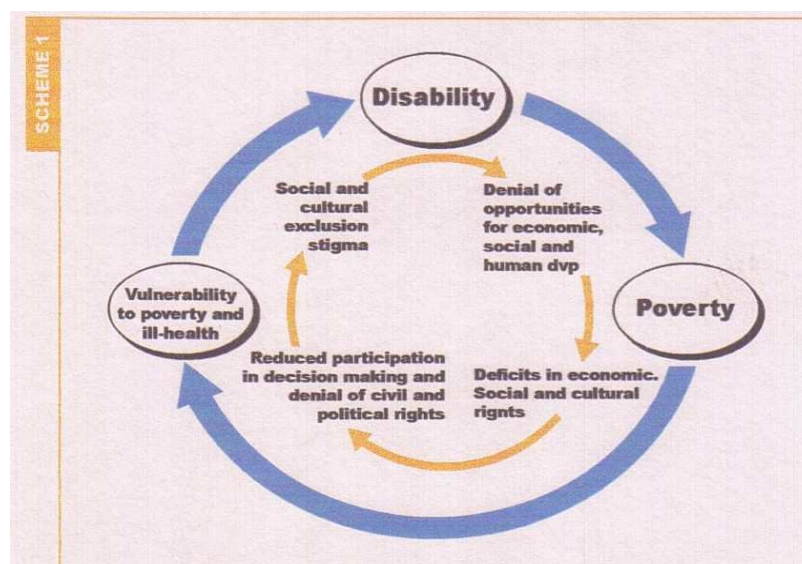
²⁶ Chronic Poverty and Disability, Chronic Poverty Research Center, Background paper no. 4, Rebecca Yeo, Action on Disability and Development, ADD, UK, 2001.

²⁷ Disability and Development and the World Bank, A Briefing Summary on February 2, 2005, World Bank, 2005.

In summary, disability can cause poverty by preventing the full participation of persons with disabilities in the economic and social life of their communities, especially if appropriate support services and reasonable accommodation are not available.²⁸ The link between poverty and disability is due to discrimination, social exclusion and denial of rights together with lack of access to basic services, not the impairment itself.

Some persons with disabilities, such as women, persons with intellectual, psychosocial or multiple disabilities as well as elderly people, are more at risk of experiencing poverty than others. In some communities girls and women with disabilities receive less care and food, have less access to health care and rehabilitation services and fewer education and employment opportunities. They also tend to have lower marriage prospects than boys or men with disabilities, and to be at a higher risk of physical, sexual and mental abuse.²⁹

Understanding the cycle of poverty and disability³⁰



A huge gap in available relevant information

Despite the obvious links between disability and poverty, adequate data at national level on disability is almost inexistent in developing countries. The hard statistical evidence is also limited and very sketchy. Development agencies, including UN agencies are conducting major research and comprehensive reports on poverty reduction but seldom provide indicators and situational analysis on disability. Very poor to no disaggregated data is available and persons with disabilities appear to be invisible.

²⁸ World Bank, Website on data and statistics on disability. See <http://www.worldbank.org/disability>

²⁹ Elwan, Ann, 1999.

³⁰ Disability, Poverty and Development, UK, DFID, 2000. The report can be accessed on: <http://www.dfif.gov.uk/Pubs/files/disability.pdf>

At the same time there is a general consensus that it is not necessary to have precise figures on impairment prevalence and their causes in order to act. There might even be a risk that the lack of statistical data becomes an excuse for not acting among the national governments and development agencies. The main causes of disability are known worldwide, the fact of social exclusion and denial of rights is documented, and negative attitudes and stigma are prevailing.

As discussed in this tool, definitional problem is compounded by statistical surveys which invariably fail to “detach the issue of disability prevalence from an impairment-based approach to disability.”³¹

Disability and poverty: trying to capture illusive concepts

Although the various connections between disability and poverty might appear to be relatively straightforward, the linkages are in fact deceptively complicated.³² “Disabled people are also more likely than other people to live in grinding poverty. More than 1.3 billion people worldwide struggle to exist on less than \$1 a day, and the disabled in their countries live at the bottom of the pile.”³³ It is crucial to ask some fundamental questions about how the two concepts of disability and poverty are understood and what that understanding means in terms of an analysis of their convoluted interrelationship.

The researchers point out that disability and poverty are highly contested political concepts. Furthermore, because different meanings are used, commentators are often at cross purposes when debating the issues. For example, disability and impairment are frequently conflated: the latter is confused with how a person with impairment becomes disabled through complex social processes. Poverty too provides similar, and in many respects more multifaceted, uncertainties of meaning.

Why are so many people with disabilities poor? Why are so many poor people disabled?

There are excellent case studies of the social factors that make it more likely that poor people will contract impairments and why people with impairments are likely to become or remain poor. People with disabilities struggle to find employment. Having a physical impairment makes it difficult to work in the agricultural sector, which dominates in all the economies. Vocational training opportunities are limited, tend to be in urban areas and are not generally linked to gainful employment. Because they are seen as presenting a high risk, people with disabilities are also usually denied access to micro-credit schemes.

Poor people tend to live near areas that have been contaminated, are forced to use more risky means of transport, have more dangerous jobs and cannot access health care so that minor illness or injury can become more permanent impairments. Malnutrition, which makes having a whole range of impairments more likely, is also closely associated with being poor. However, some research also found that “the highest disability (impairment) prevalence rate appears to be in the least isolated village with the best social and economic opportunities, which raised questions about the links between poverty and disability.” This mirrors the way that the prevalence of impairment is significantly higher in the more

³¹ Data and statistics on disability in developing countries, Arne H. Eide and Mitch E. Loeb, May 2005 (Disability KaR paper).

³² Disability, poverty and the ‘new’ development agenda, David Seddon and Rebecca Yeo, Disability, poverty and the ‘new’ development agenda, July 2005 (Disability KaR paper).

³³ Quote from James D. Wolfensohn, former president of the World Bank, 2002.

economically privileged countries of the North and highlights how complex the poverty-disability-poverty question really is.³⁴

Disability and social exclusion

Accident prevention and public health promotion through mine clearance, inoculation, better health care and/or nutrition are important in developing countries. Such measures should be considered as general public safety public health matters which will also benefit persons with disabilities, rather than as disability rights strategies and strategies to combat social exclusion and poverty of persons with disabilities. The reality and extent of the social exclusion of people with disabilities needs to be carefully considered.

Conclusion

This tool has provided ample evidence of the interconnected and multi-layered symbiotic relationship between poverty, impairment and disability.³⁵

- People with disabilities are likely to be among the very poorest, experience poverty more intensely and have fewer opportunities to escape poverty than non-disabled people.
- People with disabilities are largely invisible, are ignored and excluded from mainstream development.
- Disability cuts across all societies and groups. The poorest and most marginalised are at the greatest risk of disability. This includes the most excluded: women, ethnic minorities, members of scheduled castes and tribes.
- In order to effectively reduce poverty and tackle social exclusion, the UN needs to make specific efforts to address disability rights.

³⁴ Developing participatory rural appraisal approaches with disabled people. A pilot project by Disability Development Services Pursat (DDSP) in Pursat province, Cambodia, Steve Harknett with Chum Hoeurn, Khoun Bunny, Long Pha, Meas Sokha, Mom Thea, Rem Khy and Thim Veasna, February – April 2005 (Disability KaR report).

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- ❖ UNESCAP Disability Policy Central - [A database of disability policy in Asia and the Pacific](#)
- ❖ UNESCAP [Disability at a Glance. a Profile of 28 Countries and Areas in Asia and the Pacific](#)

United Nations Development Group (UNDG)

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- ❖ MDG / Action 2 / Human Rights: <http://www.undg.org/index.cfm?P=74>

❖ **Human Rights-Based Approach Common Learning Package (CLP):**

- Generic page: <http://www.undg.org/index.cfm?P=74>
- Specific CLP page: <http://www.undg.org/index.cfm?P=531>

❖ **Human Rights-Based Approach Portal:** <http://hrbportal.org/>

UNESCO

❖ <http://www.unesco.org/en/inclusive-education/children-with-disabilities/>

This resource websites on inclusive education contains a special section on children with disabilities. On this site, a DVD can be ordered, produced by UNESCO as stimulation material on Article 24 on Education of the UN Convention of the Rights of Persons with Disabilities.

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- ❖ **Measuring Children's Disability via Household Surveys: The MICS Experience**
http://www.childinfo.org/files/childdisability_PAAPaperLoaizaCappa.pdf

World Bank

- ❖ WB <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/DisabilityIssuesMetts.pdf>
- ❖ World Bank 2005, Development Outreach, July edition. This issue of the magazine is a special report on disability

World Health Organisation

- ❖ WHO (2008) Guidelines on the provision of manual wheelchairs in less resourced settings, Geneva.
- ❖ UNAIDS/WHO/OHCHR (2009) Disability and HIV policy brief, Geneva.
- ❖ WHO/UNFPA (2009) Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA guidance note, Geneva.
- ❖ WHO (2010) *Mental health and development: targeting people with mental health conditions as a vulnerable group*.
- ❖ UN Convention on the Rights of Persons with Disabilities: A Major Step Forward In Promoting And Protecting Rights
 - http://www.who.int/mental_health/policy/legislation/4_Unconventionrightsofpersonswithdisabilities_Infosheet.Pdf
- ❖ Promoting the Rights of Persons with Mental Disabilities
 - http://www.who.int/mental_health/policy/legislation/1_PromotingHRofPWMD_Infosheet.pdf
- ❖ Breaking the Vicious Cycle between Mental ill-health and Poverty
 - http://www.who.int/mental_health/policy/development/1_Breakingviciouscycle_Infosheet.pdf
- ❖ Mental Health and Poverty Project (MHaPP) Policy Briefs:
 - http://www.who.int/mental_health/policy/development/mhapp/en/index.html

NGOs

- ❖ **Arab Organization of Disabled People (AODP)** is a regional organization composed of DPOs operating in the different Arab Countries and promote the rights of people with disabilities, represent Arab people with disabilities in the world at large.
- ❖ **[Disabled Peoples' International \(DPI\)](#)** is a network of national organizations or assemblies of disabled people, established to promote human rights of disabled people through full participation, equalization of opportunities and development.
- ❖ **[Down Syndrome International \(DSI\)](#)** is the international organisation promoting the rights of persons with Down syndrome.
- ❖ **[European Disability Forum \(EDF\)](#)** represents the interests of 50 million disabled people in the European Union and stands for their rights.
- ❖ **Inclusion International** is a global federation of family-based organizations advocating the human rights of people with intellectual disabilities and their families worldwide. "Promoting inclusion, equality and opportunity for people with intellectual disabilities and their families worldwide." <http://www.inclusion-international.org/en/index.html>
- ❖ **International Disability Alliance** www.internationaldisabilityalliance.org

- ❖ **International Federation of Hard of Hearing People (IFHOH)** is an international non-governmental organization of national associations of and for hard of hearing and late deafened people.
- ❖ **Handicap International:**
 - ***Ensuring Access of People with disabilities to Social Services. The need for regulatory mechanisms of social services in South East Europe***, Working paper no 2, Disability Monitor Initiative, Diana Chiriacescu, Handicap International, South East Europe Office, Belgrade: 2006). The report can be accessed on <http://www.disabilitymonitor-see.org/working.html>
 - **Making PRSP Inclusive**, Handicap International, Christoffel-Blindenmission, January 2006.
- ❖ **Rehabilitation International (RI)** Founded in 1922, RI is a global network of people with disabilities, service providers, researchers, government agencies and advocates promoting and implementing the rights, inclusion and rehabilitation of people with disabilities.
- ❖ **The Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)** is a network formed by organizations of persons with disabilities from 19 countries in Latin America and the Caribbean
- ❖ **The World Blind Union (WBU)** is the sole voice speaking on behalf of approximately 160 million blind and partially sighted persons in 178 individual member countries, representing approximately 600 organizations.
- ❖ **World Federation of the Deaf (WFD)** is the international non-governmental organization representing Deaf people worldwide. A non-profit organization, WFD works for human rights and equal opportunities for Deaf people everywhere.
- ❖ **World Federation of Deafblind (WFDB)** is a non-profit, representative organization of national organizations or groups of deafblind persons and of deafblind individuals worldwide.
- ❖ **World Network of Users and Survivors of Psychiatry:** A global organization of users and survivors of psychiatry, networking for their human rights and dignity. Manual on the CRPD at <http://www.wnusp.net>

Development partners

- ❖ **Lessons from the Disability Knowledge and Research Programme**, Disability KaR, Knowledge and Research. <http://www.disabilitykar.net>
- ❖ **Has Disability been Mainstreamed into Development Cooperation?**, Albert, B., Dube A.K., Riis-Hansen, T.C., (UK, Disability KaR programme, 2005).

Tool 9: Convention on the Rights of Persons with Disabilities

For Country Ratification status, see [UN Treaties - CRPD](#)

Preamble

The States Parties to the present Convention,

(a) *Recalling* the principles proclaimed in the Charter of the United Nations which recognize the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world,

(b) *Recognizing* that the United Nations, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, has proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind,

(c) *Reaffirming* the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination,

(d) *Recalling* the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,

(e) *Recognizing* that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others,

(f) *Recognizing* the importance of the principles and policy guidelines contained in the World Programme of Action concerning Disabled Persons and in the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in influencing the promotion, formulation and evaluation of the policies, plans, programmes and actions at the national, regional and international levels to further equalize opportunities for persons with disabilities,

(g) *Emphasizing* the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development,

(h) *Recognizing also* that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person,

(i) *Recognizing further* the diversity of persons with disabilities,

(j) *Recognizing* the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support,

(k) *Concerned* that, despite these various instruments and undertakings, persons with disabilities continue to face barriers in their participation as equal members of society and violations of their human rights in all parts of the world,

(l) *Recognizing* the importance of international cooperation for improving the living conditions of persons with disabilities in every country, particularly in developing countries,

(m) *Recognizing* the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty,

(n) *Recognizing* the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices,

(o) *Considering* that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them,

(p) *Concerned* about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status,

(q) *Recognizing* that women and girls with disabilities are often at greater risk, both within and outside the of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,

(r) *Recognizing* that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States Parties to the Convention on the Rights of the Child,

(s) *Emphasizing* the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities,

(t) *Highlighting* the fact that the majority of persons with disabilities live in conditions of poverty, and in this regard recognizing the critical need to address the negative impact of poverty on persons with disabilities,

(u) *Bearing in mind* that conditions of peace and security based on full respect for the purposes and principles contained in the Charter of the United Nations and observance of applicable human rights instruments are indispensable for the full protection of persons with disabilities, in particular during armed conflicts and foreign occupation,

(v) *Recognizing* the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms,

(w) *Realizing* that the individual, having duties to other individuals and to the community to which he or she belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the International Bill of Human Rights,

(x) *Convinced* that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities,

(y) *Convinced* that a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities will make a significant contribution to redressing the profound social disadvantage of persons with disabilities and promote their participation in the civil, political, economic, social and cultural spheres with equal opportunities, in both developing and developed countries,

Have agreed as follows :

Article 1

Purpose

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Article 2

Definitions

For the purposes of the present Convention:

"Communication" includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology;

"Language" includes spoken and signed languages and other forms of non-spoken languages;

"Discrimination on the basis of disability" means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation;

"Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;

"Universal design" means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

Article 3

General principles

The principles of the present Convention shall be:

(a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;

(b) Non-discrimination;

(c) Full and effective participation and inclusion in society;

(d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;

(e) Equality of opportunity;

(f) Accessibility;

(g) Equality between men and women;

(h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Article 4

General obligations

1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:

(a) To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;

(b) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;

(c) To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;

(d) To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;

(e) To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;

(f) To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;

(g) To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;

(h) To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;

(i) To promote the training of professionals and staff working with persons with disabilities in the rights recognized in this Convention so as to better provide the assistance and services guaranteed by those rights.

2. With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.

3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.

4. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of persons with disabilities and which may be contained in the law of a State Party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State Party to the present Convention pursuant to law, conventions, regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.

5. The provisions of the present Convention shall extend to all parts of federal states without any limitations or exceptions.

Article 5

Equality and non-discrimination

1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.

2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.

3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.

4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.

Article 6

Women with disabilities

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

Article 7

Children with disabilities

1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.

3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

Article 8

Awareness-raising

1. States Parties undertake to adopt immediate, effective and appropriate measures:

(a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;

(b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;

(c) To promote awareness of the capabilities and contributions of persons with disabilities.

2. Measures to this end include:

(a) Initiating and maintaining effective public awareness campaigns designed:

(i) To nurture receptiveness to the rights of persons with disabilities;

(ii) To promote positive perceptions and greater social awareness towards persons with disabilities;

(iii) To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;

(b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;

(c) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;

(d) Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.

Article 9

Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

(a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;

(b) Information, communications and other services, including electronic services and emergency services.

2. States Parties shall also take appropriate measures to:

(a) Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;

(b) Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;

(c) Provide training for stakeholders on accessibility issues facing persons with disabilities;

(d) Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;

(e) Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;

(f) Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;

(g) Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;

(h) Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

Article 10

Right to life

States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.

Article 11

Situations of risk and humanitarian emergencies

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

Article 12

Equal recognition before the law

1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.

2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.

3. States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.

4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests.

5. Subject to the provisions of this article, States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

Article 13

Access to justice

1. States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

2. In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.

Article 14

Liberty and security of the person

1. States Parties shall ensure that persons with disabilities, on an equal basis with others:

(a) Enjoy the right to liberty and security of person;

(b) Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.

2. States Parties shall ensure that if persons with disabilities are deprived of their liberty through any process, they are, on an equal basis with others, entitled to guarantees in accordance with

international human rights law and shall be treated in compliance with the objectives and principles of this Convention, including by provision of reasonable accommodation.

Article 15

Freedom from torture or cruel, inhuman or degrading treatment or punishment

1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.

2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

Article 16

Freedom from exploitation, violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the , from all forms of exploitation, violence and abuse, including their gender-based aspects.

2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.

3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Article 17

Protecting the integrity of the person

Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.

Article 18

Liberty of movement and nationality

1. States Parties shall recognize the rights of persons with disabilities to liberty of movement, to freedom to choose their residence and to a nationality, on an equal basis with others, including by ensuring that persons with disabilities:

(a) Have the right to acquire and change a nationality and are not deprived of their nationality arbitrarily or on the basis of disability;

(b) Are not deprived, on the basis of disability, of their ability to obtain, possess and utilize documentation of their nationality or other documentation of identification, or to utilize relevant processes such as immigration proceedings, that may be needed to facilitate exercise of the right to liberty of movement;

(c) Are free to leave any country, including their own;

(d) Are not deprived, arbitrarily or on the basis of disability, of the right to enter their own country.

2. Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by their parents.

Article 19

Living independently and being included in the community

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

(a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

(b) Persons with disabilities have access to a range of in-, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

(c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Article 20
Personal mobility

States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

- (a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;
- (b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
- (c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;
- (d) Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

Article 21
Freedom of expression and opinion, and access to information

States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

- (a) Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;
- (b) Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;
- (c) Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;
- (d) Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;
- (e) Recognizing and promoting the use of sign languages.

Article 22
Respect for privacy

1. No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks.

2. States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.

Article 23
Respect for and the family

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:

(a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;

(b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;

(c) Persons with disabilities, including children, retain their fertility on an equal basis with others.

2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.

5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

Article 24
Education

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning directed to:

(a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;

(b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;

(c) Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that:

(a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;

(b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;

(c) Reasonable accommodation of the individual's requirements is provided;

(d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;

(e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

(a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;

(b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;

(c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

Article 25

Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

(a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

(b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;

(c) Provide these health services as close as possible to people's own communities, including in rural areas;

(d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;

(e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;

(f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Article 26

Habilitation and rehabilitation

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

(a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;

(b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Article 27

Work and employment

1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:

(a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;

(b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;

(c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;

(d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;

(e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;

(f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;

(g) Employ persons with disabilities in the public sector;

(h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;

(i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;

(j) Promote the acquisition by persons with disabilities of work experience in the open labour market;

(k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.

Article 28

Adequate standard of living and social protection

1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:

(a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;

(b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;

(c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;

(d) To ensure access by persons with disabilities to public housing programmes;

(e) To ensure equal access by persons with disabilities to retirement benefits and programmes.

Article 29

Participation in political and public life

States Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others, and shall undertake to:

(a) Ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected, inter alia, by:

(i) Ensuring that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use;

(ii) Protecting the right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation, and to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate;

(iii) Guaranteeing the free expression of the will of persons with disabilities as electors and to this end, where necessary, at their request, allowing assistance in voting by a person of their own choice;

(b) Promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs, including:

(i) Participation in non-governmental organizations and associations concerned with the public and political life of the country, and in the activities and administration of political parties;

(ii) Forming and joining organizations of persons with disabilities to represent persons with disabilities at international, national, regional and local levels.

Article 30

Participation in cultural life, recreation, leisure and sport

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:

(a) Enjoy access to cultural materials in accessible formats;

(b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;

(c) Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.

2. States Parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society.

3. States Parties shall take all appropriate steps, in accordance with international law, to ensure that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.

4. Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.

5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

(a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;

(b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;

(c) To ensure that persons with disabilities have access to sporting, recreational and tourism venues;

(d) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;

(e) To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

Article 31

Statistics and data collection

1. States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall:

(a) Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities;

(b) Comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics.

2. The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties' obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.

3. States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

Article 32

International cooperation

1. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

(a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;

(b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;

(c) Facilitating cooperation in research and access to scientific and technical knowledge;

(d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

2. The provisions of this article are without prejudice to the obligations of each State Party to fulfil its obligations under the present Convention.

Article 33

National implementation and monitoring

1. States Parties, in accordance with their system of organization, shall designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.

2. States Parties shall, in accordance with their legal and administrative systems, maintain, strengthen, designate or establish within the State Party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention. When designating or establishing such a mechanism, States Parties shall take into account the principles relating to the status and functioning of national institutions for protection and promotion of human rights.

3. Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.

Article 34

Committee on the Rights of Persons with Disabilities

1. There shall be established a Committee on the Rights of Persons with Disabilities (hereafter referred to as "the Committee"), which shall carry out the functions hereinafter provided.

2. The Committee shall consist, at the time of entry into force of the present Convention, of twelve experts. After an additional sixty ratifications or accessions to the Convention, the membership of the Committee shall increase by six members, attaining a maximum number of eighteen members.

3. The members of the Committee shall serve in their personal capacity and shall be of high moral standing and recognized competence and experience in the field covered by the present Convention. When nominating their candidates, States Parties are invited to give due consideration to the provision set out in article 4.3 of the present Convention.

4. The members of the Committee shall be elected by States Parties, consideration being given to equitable geographical distribution, representation of the different forms of civilization and of the principal legal systems, balanced gender representation and participation of experts with disabilities.

5. The members of the Committee shall be elected by secret ballot from a list of persons nominated by the States Parties from among their nationals at meetings of the Conference of States Parties. At those meetings, for which two thirds of States Parties shall constitute a quorum, the persons elected to the Committee shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of States Parties present and voting.

6. The initial election shall be held no later than six months after the date of entry into force of the present Convention. At least four months before the date of each election, the Secretary-General of the United Nations shall address a letter to the States Parties inviting them to submit the nominations within two months. The Secretary-General shall subsequently prepare a list in alphabetical order of all persons thus nominated, indicating the State Parties which have nominated them, and shall submit it to the States Parties to the present Convention.

7. The members of the Committee shall be elected for a term of four years. They shall be eligible for re-election once. However, the term of six of the members elected at the first election shall expire at the end of two years; immediately after the first election, the names of these six members shall be chosen by lot by the chairperson of the meeting referred to in paragraph 5 of this article.

8. The election of the six additional members of the Committee shall be held on the occasion of regular elections, in accordance with the relevant provisions of this article.

9. If a member of the Committee dies or resigns or declares that for any other cause she or he can no longer perform her or his duties, the State Party which nominated the member shall appoint another expert possessing the qualifications and meeting the requirements set out in the relevant provisions of this article, to serve for the remainder of the term.

10. The Committee shall establish its own rules of procedure.

11. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under the present Convention, and shall convene its initial meeting.

12. With the approval of the General Assembly, the members of the Committee established under the present Convention shall receive emoluments from United Nations resources on such terms and conditions as the Assembly may decide, having regard to the importance of the Committee's responsibilities.

13. The members of the Committee shall be entitled to the facilities, privileges and immunities of experts on mission for the United Nations as laid down in the relevant sections of the Convention on the Privileges and Immunities of the United Nations.

Article 35

Reports by States Parties

1. Each State Party shall submit to the Committee, through the Secretary-General of the United Nations, a comprehensive report on measures taken to give effect to its obligations under the present Convention and on the progress made in that regard, within two years after the entry into force of the present Convention for the State Party concerned.

2. Thereafter, States Parties shall submit subsequent reports at least every four years and further whenever the Committee so requests.

3. The Committee shall decide any guidelines applicable to the content of the reports.

4. A State Party which has submitted a comprehensive initial report to the Committee need not, in its subsequent reports, repeat information previously provided. When preparing reports to the Committee, States Parties are invited to consider doing so in an open and transparent process and to give due consideration to the provision set out in article 4.3 of the present Convention.

5. Reports may indicate factors and difficulties affecting the degree of fulfilment of obligations under the present Convention.

Article 36

Consideration of reports

1. Each report shall be considered by the Committee, which shall make such suggestions and general recommendations on the report as it may consider appropriate and shall forward these to the State Party concerned. The State Party may respond with any information it chooses to the Committee. The Committee may request further information from States Parties relevant to the implementation of the present Convention.

2. If a State Party is significantly overdue in the submission of a report, the Committee may notify the State Party concerned of the need to examine the implementation of the present Convention

in that State Party, on the basis of reliable information available to the Committee, if the relevant report is not submitted within three months following the notification. The Committee shall invite the State Party concerned to participate in such examination. Should the State Party respond by submitting the relevant report, the provisions of paragraph 1 of this article will apply.

3. The Secretary-General of the United Nations shall make available the reports to all States Parties.

4. States Parties shall make their reports widely available to the public in their own countries and facilitate access to the suggestions and general recommendations relating to these reports.

5. The Committee shall transmit, as it may consider appropriate, to the specialized agencies, funds and programmes of the United Nations, and other competent bodies, reports from States Parties in order to address a request or indication of a need for technical advice or assistance contained therein, along with the Committee's observations and recommendations, if any, on these requests or indications.

Article 37

Cooperation between States Parties and the Committee

1. Each State Party shall cooperate with the Committee and assist its members in the fulfilment of their mandate.

2. In its relationship with States Parties, the Committee shall give due consideration to ways and means of enhancing national capacities for the implementation of the present Convention, including through international cooperation.

Article 38

Relationship of the Committee with other bodies

In order to foster the effective implementation of the present Convention and to encourage international cooperation in the field covered by the present Convention:

(a) The specialized agencies and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate. The Committee may invite the specialized agencies and other competent bodies as it may consider appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates. The Committee may invite specialized agencies and other United Nations organs to submit reports on the implementation of the Convention in areas falling within the scope of their activities;

(b) The Committee, as it discharges its mandate, shall consult, as appropriate, other relevant bodies instituted by international human rights treaties, with a view to ensuring the consistency of their respective reporting guidelines, suggestions and general recommendations, and avoiding duplication and overlap in the performance of their functions.

Article 39

Report of the Committee

The Committee shall report every two years to the General Assembly and to the Economic and Social Council on its activities, and may make suggestions and general recommendations based on the examination of reports and information received from the States Parties. Such suggestions and general recommendations shall be included in the report of the Committee together with comments, if any, from States Parties.

Article 40
Conference of States Parties

1. The States Parties shall meet regularly in a Conference of States Parties in order to consider any matter with regard to the implementation of the present Convention.

2. No later than six months after the entry into force of the present Convention, the Conference of the States Parties shall be convened by the Secretary-General of the United Nations. The subsequent meetings shall be convened by the Secretary-General of the United Nations biennially or upon the decision of the Conference of States Parties.

Article 41
Depositary

The Secretary-General of the United Nations shall be the depositary of the present Convention.

Article 42
Signature

The present Convention shall be open for signature by all States and by regional integration organizations at United Nations Headquarters in New York as of 30 March 2007.

Article 43
Consent to be bound

The present Convention shall be subject to ratification by signatory States and to formal confirmation by signatory regional integration organizations. It shall be open for accession by any State or regional integration organization which has not signed the Convention.

Article 44
Regional integration organizations

1. "Regional integration organization" shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by this Convention. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with respect to matters governed by this Convention. Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.

2. References to "States Parties" in the present Convention shall apply to such organizations within the limits of their competence.

3. For the purposes of article 45, paragraph 1, and article 47, paragraphs 2 and 3, any instrument deposited by a regional integration organization shall not be counted.

4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the Conference of States Parties, with a number of votes equal to the number of their member States that are Parties to this Convention. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

Article 45

Entry into force

1. The present Convention shall enter into force on the thirtieth day after the deposit of the twentieth instrument of ratification or accession.

2. For each State or regional integration organization ratifying, formally confirming or acceding to the Convention after the deposit of the twentieth such instrument, the Convention shall enter into force on the thirtieth day after the deposit of its own such instrument.

Article 46

Reservations

1. Reservations incompatible with the object and purpose of the present Convention shall not be permitted.

2. Reservations may be withdrawn at any time.

Article 47

Amendments

1. Any State Party may propose an amendment to the present Convention and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States Parties, with a request to be notified whether they favour a conference of States Parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States Parties present and voting shall be submitted by the Secretary-General to the General Assembly for approval and thereafter to all States Parties for acceptance.

2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State Party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States Parties which have accepted it.

3. If so decided by the Conference of States Parties by consensus, an amendment adopted and approved in accordance with paragraph 1 of this article which relates exclusively to articles 34, 38, 39 and 40 shall enter into force for all States Parties on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment.

Article 48

Denunciation

A State Party may denounce the present Convention by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

Article 49

Accessible format

The text of the present Convention shall be made available in accessible formats.

Article 50

Authentic texts

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Convention shall be equally authentic.

In witness thereof the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Convention.

Tool 10: Optional Protocol to the Convention on the Rights of Persons with Disabilities

For Country Ratification status, see [UN Treaties – Optional Protocol to CRPD](#)

The States Parties to the present Protocol have agreed as follows:

Article 1

1. A State Party to the present Protocol ("State Party") recognizes the competence of the Committee on the Rights of Persons with Disabilities ("the Committee") to receive and consider communications from or on behalf of individuals or groups of individuals subject to its jurisdiction who claim to be victims of a violation by that State Party of the provisions of the Convention.

2. No communication shall be received by the Committee if it concerns a State Party to the Convention that is not a party to the present Protocol.

Article 2

The Committee shall consider a communication inadmissible when:

- (a) The communication is anonymous;
- (b) The communication constitutes an abuse of the right of submission of such communications or is incompatible with the provisions of the Convention;
- (c) The same matter has already been examined by the Committee or has been or is being examined under another procedure of international investigation or settlement;
- (d) All available domestic remedies have not been exhausted. This shall not be the rule where the application of the remedies is unreasonably prolonged or unlikely to bring effective relief;
- (e) It is manifestly ill-founded or not sufficiently substantiated; or when
- (f) The facts that are the subject of the communication occurred prior to the entry into force of the present Protocol for the State Party concerned unless those facts continued after that date.

Article 3

Subject to the provisions of article 2 of the present Protocol, the Committee shall bring any communications submitted to it confidentially to the attention of the State Party. Within six months, the receiving State shall submit to the Committee written explanations or statements clarifying the matter and the remedy, if any, that may have been taken by that State.

Article 4

1. At any time after the receipt of a communication and before a determination on the merits has been reached, the Committee may transmit to the State Party concerned for its urgent consideration a request that the State Party take such interim measures as may be necessary to avoid possible irreparable damage to the victim or victims of the alleged violation.

2. Where the Committee exercises its discretion under paragraph 1 of this article, this does not imply a determination on admissibility or on the merits of the communication.

Article 5

The Committee shall hold closed meetings when examining communications under the present Protocol. After examining a communication, the Committee shall forward its suggestions and recommendations, if any, to the State Party concerned and to the petitioner.

Article 6

1. If the Committee receives reliable information indicating grave or systematic violations by a State Party of rights set forth in the Convention, the Committee shall invite that State Party to cooperate in the examination of the information and to this end submit observations with regard to the information concerned.

2. Taking into account any observations that may have been submitted by the State Party concerned as well as any other reliable information available to it, the Committee may designate one or more of its members to conduct an inquiry and to report urgently to the Committee. Where warranted and with the consent of the State Party, the inquiry may include a visit to its territory.

3. After examining the findings of such an inquiry, the Committee shall transmit these findings to the State Party concerned together with any comments and recommendations.

4. The State Party concerned shall, within six months of receiving the findings, comments and recommendations transmitted by the Committee, submit its observations to the Committee.

5. Such an inquiry shall be conducted confidentially and the cooperation of the State Party shall be sought at all stages of the proceedings.

Article 7

1. The Committee may invite the State Party concerned to include in its report under article 35 of the Convention details of any measures taken in response to an inquiry conducted under article 6 of the present Protocol.

2. The Committee may, if necessary, after the end of the period of six months referred to in article 6.4, invite the State Party concerned to inform it of the measures taken in response to such an inquiry.

Article 8

Each State Party may, at the time of signature or ratification of the present Protocol or accession thereto, declare that it does not recognize the competence of the Committee provided for in articles 6 and 7.

Article 9

The Secretary-General of the United Nations shall be the depositary of the present Protocol.

Article 10

The present Protocol shall be open for signature by signatory States and regional integration organizations of the Convention at United Nations Headquarters in New York as of 30 March 2007.

Article 11

The present Protocol shall be subject to ratification by signatory States of this Protocol which have ratified or acceded to the Convention. It shall be subject to formal confirmation by signatory regional integration organizations of this Protocol which have formally confirmed or acceded to the Convention. It shall be open for accession by any State or regional integration organization which has ratified, formally confirmed or acceded to the Convention and which has not signed the Protocol.

Article 12

1. "Regional integration organization" shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by the Convention and this Protocol. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with respect to matters governed by the Convention and this Protocol. Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.

2. References to "States Parties" in the present Protocol shall apply to such organizations within the limits of their competence.

3. For the purposes of article 13, paragraph 1, and article 15, paragraph 2, any instrument deposited by a regional integration organization shall not be counted.

4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the meeting of States Parties, with a number of votes equal to the number of their member States that are Parties to this Protocol. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

Article 13

1. Subject to the entry into force of the Convention, the present Protocol shall enter into force on the thirtieth day after the deposit of the tenth instrument of ratification or accession.

2. For each State or regional integration organization ratifying, formally confirming or acceding to the Protocol after the deposit of the tenth such instrument, the Protocol shall enter into force on the thirtieth day after the deposit of its own such instrument.

Article 14

1. Reservations incompatible with the object and purpose of the present Protocol shall not be permitted.

2. Reservations may be withdrawn at any time.

Article 15

1. Any State Party may propose an amendment to the present Protocol and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States Parties, with a request to be notified whether they favour a meeting of States Parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a meeting, the Secretary-General shall convene the meeting under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States Parties present and voting shall be submitted by the Secretary-General to the General Assembly for approval and thereafter to all States Parties for acceptance.

2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State Party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States Parties which have accepted it.

Article 16

A State Party may denounce the present Protocol by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

Article 17

The text of the present Protocol shall be made available in accessible formats.

Article 18

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Protocol shall be equally authentic.

In witness thereof the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Protocol.